5th Annual Schumacher Shuffle

5K Run/Walk &1K Kids Fun Run

Saturday, November 21st 2015

8:00 AM – 5K Run/Walk will Begin

The Kids 1K Race will immediately follow approximately 8:45 AM

Official Registration Form

Please complete one (1) registration form per participant. To pre-register, this form must be postmarked by November 3rd. Preregistration fee for adults is $20 and a child (14 and under) is $10. Prices include a t-shirt for each participant. Registration fees received after Tuesday, November 3rd will be $25 for adults and children (14 and under) will be $15. ***Shirts are not guaranteed to participants who register after November 3rd***.

****** No cancellations or refunds allowed.**

For more information regarding the race, e-mail AD@stthomasphilo.org or go to the school website www.stthomasphilo.org and click on the link for "Schumacher Shuffle". You may also register and pay online.

- **Adult Race Awards:** Multiple categories
- **Youth Race:** Prizes will be awarded for top 3 places for both girls and boys. All participants will receive a ribbon.
- Race day registration and packet pick up will be from 7-7:45 AM at St. Thomas School Gym.

Make Checks Payable: **St. Thomas Catholic School**. Complete and mail the registration form shown below, along with your payment to: **St. Thomas Catholic School, Attention: 5K Run, 311 East Madison, Philo IL 61864**

Name:_____ Contact Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Gender (circle one): Male Female Adult Shirt Size (circle one): S M L XL XXL XXXL

Youth Shirt Size (circle one): S M L XL

Circle Race Participation: 5K Run/Walk 1K Kids Run 10 & Under St. Thomas Alumni (circle one): Yes No

5K Run/Walk Race Age Divisions (circle one): 14 & under 15-25 26 -39 40 & over

WAIVER I am fully aware running a marathon may result in accident or serious injury. I am voluntarily participating in the Schumacher Shuffle and I agree to accept responsibility for all risks of injury. By signing this waiver, I declare that I am medically able, properly trained, physically fit and capable of participating in a marathon, and my medical care provider has approved my participation. I agree to independently consult my physician in the event of any medical questions and injuries arising from or related to my participation in the Schumacher Shuffle. I also acknowledge full and sole responsibility for any and all medical expenses on my behalf. I agree to assume all risk and release and hold harmless St. Thomas Catholic School or St. Thomas Catholic Church. I agree and understand that this waiver and release is binding upon my heirs, assigns, and legal representatives.

Signature: _____Date:_____ Signature: _____ Date: _____

(Parent or Guardian if under 18 years old)