



FAMILY SPONSOR

For \$150.00 your family's name can be on the back of the race shirt. You get 4 entries and 4 t-shirts for your entry!

Race Date: October 25, 2014

Place: St Andrew School 535 Mason Avenue Drexel Hill, PA 19026

Day of Race Registration/Package Pickup starts at 07:30 Kids One Mile Fun Run starts at 08:30 5K Run/Walk starts at 09:00

Early Packet Pickup on Friday October 24, 2014 from 6:00 pm to 7:30 pm at St Andrew School 535 Mason Ave Drexel Hill, PA

Family Name (be creative if you want!) _____ Follow us on Twitter @SASSpiritRun

Contact email _____ Contact Phone Number: _____ Address: _____

1st Entry (Full name) Shirt Sizes: YOUTH Small – Medium - Large ADULT Small – Medium - Large- X-Large - XX-Large

<u>Last Name</u>	<u>First Name</u>	<u>Male or Female</u>	<u>Shirt Size</u>	<u>Age(as of 10/25/14)</u>	<u>St. Andrew Alumni</u>	<u>Year Graduated</u>
_____	_____	_____	_____	_____	Yes - No	_____

_____	_____	_____	_____	_____	Yes - No	_____
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WAIVER: I know that running in a foot race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any and all decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running participants, the effects of weather, including high heat and humidity or extreme cold, traffic and conditions of the trail, all such risks being known and appreciated by me. In consideration of granting the undersigned permission, having read this waiver, I, for myself and anyone entitled to act on my behalf, waive, release and forever discharge the Archdiocese of Philadelphia, St Andrew Parish, Upper Darby Township, the Race Committee and Run the Day, their officers, directors, employees, sponsors, their representatives and successors and volunteers from all claims or liabilities of any kind arising out of my participation in this event. I further grant permission to all the foregoing groups to use any photographs, motion pictures, recordings or other record of this event for any legitimate purpose, without compensation.

WAIVER MUST BE SIGNED Signature: _____ (Parent/Guardian must sign if under 18 years of age) Date: _____

Please mail this form and your check to: **St Andrew 5k, PO Box 10, Drexel Hill, PA, 19026- Entry due by October 18, 2014**