
Run 4 the Roses

5K Run & Walk
Saturday, October 14, 2017

Presented BY: Calumet Region Striders

7403 Cline Ave. - Schererville, IN 46375
Directions: from East or West, take RT 30 to
Cline Ave., turn North, go 1 block

On-Site Registration, Gym - 7:30 - 8:30am
Pre-Registration Packet Pick Up, Gym - 7:30 - 8:30am



**5K Run & Walk -
9:00AM**



The 5k course is USATF certified. Run for the Roses is a Gold Cup Series Race.

**Calumet Region Striders RUN 4 THE ROSES
SATURDAY, OCTOBER 14, 2017**

Registration Fees Run/Walk (T-Shirt Price Not Included):

Advance registration (on or before 10/01/17 - \$15.00
 After 10/02/17 and race day registration - \$20.00
 Age 9-17 advance or race day registration - \$10.00
 Age 8 and under advance or race day registration - \$5.00
 Age 65+ advance or race day registration - \$10.00
 Age 80+ advance or race day registration - Complimentary

Calumet Strider Gold Cup Members receive a \$1.00 discount

T-Shirts:

Youth: M & L - \$6.00
 Adult: S, M, L & XL - \$6.00 Adult: 2XL - \$8.00

Sizes guaranteed if registered by 10/1/17

Awards:

1st place overall male & female winners
 1st, 2nd, 3rd place all age divisions and Clydesdale/Athena
 1st male & 1st female Masters -

General Race Information:

Ample Parking
 Chip timed race
 Water stops on the course
 Bathrooms available
 Family friendly finish area
 Complimentary food and refreshments after the race
 Awards and door prizes to follow the race
 Runners: No strollers or dogs
 Walkers: Strollers are permitted, no dogs

Athena (170lbs+)
 Clydesdale (210 lbs-+)

Age Divisions:

0-8	19-24	45-49	70-74
9-10	25-29	50-54	75-79
11-12	30-34	55-59	80+
13-14	35-39	60-64	
15-18	40-44	65-69	

**ONE REGISTRATION FORM & SIGNED RELEASE PER PERSON
PLEASE PRINT**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Male/Female** (circle one)

Age on Race Day: _____

AGE DIVISION _____ Clydesdale 210 lbs+ _____ Athena 170lbs+ _____

\$6.00 Per Shirt Youth: M L Adult: S M L XL

\$8.00 Per Shirt Adult 2XL

Fees Enclosed \$_____ (entry) \$_____ (shirt) \$_____ (donation)

Gold Cup Discount _____ Total Amount \$_____

e-mail _____

(Please see left page for pricing details.) All proceeds benefit the needs Calumet Region Striders programs. A portion of your registration fee is tax deductible. No refunds, transfers or substitutes. There will be a \$25.00 fee on returned checks.

Please mail completed form to:

Calumet Region Striders
 Run 4 the Roses, PO Box 225 Griffith, IN 46319

Checks payable to: Calumet Region Striders

Questions: 219-801-0530 Jose Lopez

Cash	Check	Charge
	Check# _____	
	Bib# _____	
	Donation Amount _____	

Participant Release – Please complete the following for each registrant.

I, for myself, my heirs, executors, administrators, personal representatives, and assigns, hereby release Campagna Academy, the Town of Schererville, Calumet Region Striders (CRS), all governmental bodies or districts representing the geographic area(s) in which the 2017 Campagna's Run 4 the Roses 5k Run/Walk is held, all sponsors, contractors, officials, and its and their officers, directors, trustees, employees, representatives, successors, and assigns (collectively, the "Released Parties") from and against any and all claims under any theory (including, without limitation, injury, illness, damage, loss or harm to me or my property or my death however caused) that may arise as a result of my participation in the Walk/Run, including activities that I engage in relating to the Walk/Run that occur before or after the Walk/Run. I attest and verify that I am physically fit and able to participate in the Walk/Run of this type. I grant my permission to the Released Parties to reproduce my name, likeness, image, personality and voice by any audio/or visual recording technique now known or hereafter devised in connection with publicity and promotion activities connected to the Walk/Run and/or Released Party in all media. In case of emergency, I authorize the Released Parties to arrange for or provide such medical care, assistance, treatment and/or services, including, without limitation, surgery, to me as they determine to be necessary. I hereby release, discharge, relinquish and hold harmless the Released Parties from any medical care, assistance, treatment, or services provided to me at any time whether such treatment or services are provided by health care professionals, paramedics, or other persons.

Participant's Signature _____ Date _____

Parent/Guardian Consent and Release – If participant is under the age of 18, Participant's Parent/Guardian must read the following and sign below: I am the

parent/guardian of _____ (child).

I represent and warrant that my child is physically fit to participate in the Walk/Run, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE PARTICIPANT RELEASE.** In consideration of allowing my Child to participate in the Walk/Run, I consent to the above and agree that its terms shall likewise bind me, my Child, my heirs, legal representatives, and assigns. I hereby release and indemnify the Released Parties from every claim and any liability that I or my child may allege against the Released Parties (including reasonable attorney's fees and costs) as a direct or indirect result of injury to me or my Child because of my Child's participation in the Walk/Run, whether caused by the Released Parties or others.

Name of Parent/Guardian (please print) _____ Parent/Guardian Signature _____ Date _____