



Run Together, Run for a Purpose!

"PTC Best Overall Race in 2023"

St. Kateri's "Run/Walk with the Son for Haiti"

Saturday, Dec. 2, 2023

St. Kateri Catholic Church, 3800 Big Bethel Rd., Tabb, VA 23



SIGN UP ON www.raceentry.com
or VISIT OUR WEBSITE www.stkaterirun.com for more information

All proceeds for the benefit of the education of the children in Boucan-Carre, Haiti

ENTRY FEES (includes 1 raffle ticket)
 Adult \$35 (\$40 after 11/19)
 Student \$25 (\$30 after 11/19)
 Family \$25/person (\$30 after 11/19)

COURSE:
 Running Man Subdivision
 PTC certified
 Flat and well-marked

HIGH SCHOOL CHALLENGE
 Trophy to the winning high school team (average top 5 runners)
ELEMENTARY/ MIDDLE SCHOOL TROPHY
 Peninsula Track Club Grand Prix Event and Hampton Roads Super Grand Prix. No PTC passes accepted at event. No official times after 45 minutes from start of race.

DATES AND TIMES
7:30 a.m. Race day check-in and Registration
8:30 a.m. Race start
 Early packet pickup Friday, Dec 1, 4-6 p.m.

AWARDS
 Top 3 overall Men and Women runners
 Top 3 in 15 age groups through 70 and above run finishers
 Top 3 Men and Women walk finishers

RAFFLE & SILENT AUCTION - Drawing Dec. 2, 10:00 a.m.
 Raffle tickets: \$1 each, \$5 for 6 and \$10 for 15
SPECIAL RAFFLE: 3 Nights, 4 BR Soundfront OBX Condo, Sleeps 10, Elevator. Tickets \$10 each or 3 for \$20
Purchase tickets online: www.stkaterirun.com

For more information: Judy Townsend, Race Director: judy.townsend@verizon.net

Presenting Sponsor:



5K Registration.

Please **DO NOT DETACH. SIGN WAIVER ON THE BACK AND SUBMIT THE WHOLE PAGE.**

Mail entry & payment to: Susan Northcutt, 202 Villa Way, Yorktown VA 23693

Checks payable to "St. Kateri Tekakwitha"

or Register online at stkaterirun.com Please check : Runner Walker

First Name (please print) _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip code _____
 Phone _____ Email _____
 Emergency Contact: Name _____ Phone: _____

Reg Fee _____	Condo Raffle _____
Raffle tickets _____	Donation _____
Total enclosed _____	
Office Use Only:	
Bib #: _____	Paid _____
Date _____	Initial: _____

Age on Race Day _____ Date of Birth _____/_____/_____ Gender: M ___ F ___ PTC Member: Y ___ N ___

Technical T-Shirt Size (Circle one): Deadline Nov. 25 Youth **S M L** Women **S M L** Men **S M L XL** No T-shirt _____

Elementary/Middle School _____ High School (if entering challenge) _____

I want to purchase _____ additional raffle tickets (\$1 each, \$5 for 6 and \$10 for 15) I want to purchase _____ Condo raffle tickets (\$10 each or 3 for \$20)

I want to make a donation: \$ _____ for the educational support of the children in Haiti

Please read and sign the Runners Agreement Waivers, Release & Acknowledgment on the back of this form.
 All runners and walkers are required to sign the waivers. Parent/Guardian must sign for participants under 18 years.
Registrations that are not signed will not be processed.

St Kateri's Run with the Son for Haiti Runners/Walkers Agreement Waiver, Release & Acknowledgment

All runners and walkers are required to sign the waivers below. All registrations for participants under 18 must be signed by parent or guardian. Registrations that are not signed will not be processed.

I know that running a road race is a potentially hazardous activity. I should not enter a run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running this event, including, but not limited to falls, contact with other participants, the effects of weather, including, high heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Man Subdivision, York County, Peninsula Track Club, St. Kateri Tekakwitha Catholic Church, 5K volunteers, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. This is a road race conducted under the rules of RRCA and USATF; it is not intended for individuals with headphones, dogs on leashes, skateboards, skates or rollerblades.

Signature of Participant _____ Date _____
Signature of Parent/Guardian if under 18 _____ Date _____

Additional Waivers:

ADULT LIABILITY WAIVER (Catholic Diocese of Richmond)

Parish/School: St. Kateri Tekakwitha Catholic Church Nature of Activity: 5K Run/Walk
Date: December 2, 2023 Duration: _____

RELEASE OF LIABILITY (Catholic Diocese of Richmond)

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE St. Kateri Tekakwitha Catholic Church and the Catholic Diocese of Richmond for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity may involve danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Name (print) Signature

* For Participants Under 18. Must be signed by Parent or Guardian.

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER (Catholic Diocese of Richmond)

Participant's name: _____ Birth date: _____ Sex: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Kateri Tekakwitha Catholic Church, its officers, directors and agents, and the Diocese of Richmond, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Richmond, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Guardian: _____ Date: _____
Name (Print) _____