



**HOLY TRINITY CATHOLIC 2019-2020
GUARDIAN FUN RUN REGISTRATION FORM**

**SUNDAY, SEPTEMBER 15, 2019
STARTING TIME 2:00PM AT LEGION PARK**

NAME: _____ **SHIRT SIZE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

ADDITIONAL FAMILY MEMBERS PARTICIPATING:

NAME: _____ **GRADE:** _____ **SHIRT SIZE:** _____

NAME: _____ **GRADE:** _____ **SHIRT SIZE:** _____

NAME: _____ **GRADE:** _____ **SHIRT SIZE:** _____

NAME: _____ **GRADE:** _____ **SHIRT SIZE:** _____

REGISTRATION FEE:

\$25 ADULTS (HIGH SCHOOL AND UP)

\$10 GRADE SCHOOL CHILDREN (K THRU 8)

FREE FOR CHILDREN AGES 0-4

\$60 PACKAGE FEE FOR FAMILIES REGISTERED AT HTCS

WAIVER: IN SUBMITTING THIS ENTRY, I, AND MY FAMILY MEMBERS, INTENDED TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE HOLY TRINITY CATHOLIC SCHOOL AND ALL EVENT SPONSORS, EVENT VOLUNTEERS AND WORKERS AND THEIR OFFICES, DIRECTORS, AGENTS, SUCCESSORS AND OR ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY ME OR MY FAMILY MEMBERS AT THIS EVENT. I ATTEST THAT ALL MEMBERS OF MY FAMILY PARTICIPATING ARE PHYSICALLY FIT AND PREPARED FOR THIS EVENT. I UNDERSTAND THAT MY FAMILY MAY BE PHOTOGRAPHED AND AGREE TO ALLOW ANY PHOTOS, VIDEO OR FILM LIKENESS TO BE USED FOR LEGITIMATE PURPOSES BY ANY OF THE AFOREMENTIONED PARTIES.

SIGNATURE: _____ **DATE:** _____

**PLEASE MAKE CHECKS PAYABLE TO:
HOLY TRINITY CATHOLIC SCHOOL
5519 6TH AVENUE, ALTOONA, PA 16602
ATTN: MRS. JAN CROSSMAN**