



Crusader Challenge 5K St. Patrick's Day Road Race Saturday March 15, 2014

-rain or shine-

Race starts and ends at Morris Catholic High School. Timing by Bestrace.com.

Proceeds to benefit Morris Catholic scholarship and athletic programs and the Denville Public Assistance Fund.

Day of Race Registration 7:30 AM Race 9:00 AM Results/refreshments 9:45 AM Awards 10:00 AM	Fee before March 10, 2012: \$20 After March 11 and day of race: \$25 Commemorative t-shirt for 1 st 300 runners. Awards for Men and Women by Age Group.
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Register online @: www.morriscatholic.org or complete the form below and mail with your registration fee to:

**Morris Catholic High School
St. Patrick's 2013 5K Race
200 Morris Avenue
Denville, NJ 07834**

For more information: MC5K@live.com / Derek: 973-715-6350

Last _____ First _____

Date of Birth (MM-DD-YYYY) _____ Age on March 15, 2014 _____

Runners must be 8 years of age and over to participate.

Gender: M / F If applicable: Morris Catholic Graduation year (YYYY or NA): _____

Address: _____

City, State, Zip _____

Day of Race mobile phone: (_____) _____ Email: _____

Emergency Contact (day of race) _____

T-shirt Adult Small Adult Medium Adult Large Adult XL

RELEASE OF LIABILITY: In consideration of MCHS accepting my (child's) registration for the above mentioned race, I forever release, hold harmless and discharge MCHS, the Roman Catholic diocese of Paterson, their officers, trustees, employees, agents, and approved affiliates, from and against any and all liabilities, claims for bodily injury and/or property damage, losses, damages, costs and/or expenses and I further waive any such claims against any person and/or organization arising directly or indirectly from or attributable to any action or failure to act of any such person or organization in connection with this race and I further agree to indemnify and hold harmless MCHS, the Roman Catholic Diocese of Paterson and their affiliated personnel from any liabilities, claims, losses, damages, costs or expenses.

If under 18, parental consent: I hereby give my child permission to participate in any and all activities involved with the race listed above. A contact can be reached at the cellphone number referred to above, but if emergency medical care or treatment is necessary and if I cannot be contacted, I hereby authorize the race director and/or his/her designee to act on my behalf and approve appropriate treatment.

Signature of Racer / Date

Signature of Runner Parent (if racer is less than 18) / Date