





-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	Fee before March 7, 2016 :	\$25
Race	9:00 AM	After March 7th and day of race:	\$30
Results/refreshments	9:45 AM	Commemorative t-shirt for 1 st 250 runners.	
Awards	10:00 AM	Awards for Men and Women by Age Group.	

Register online @: www.runsignup.com or complete the form below and mail with your registration fee to:

Morris Catholic High School St. Patrick's 2016 5K Race 200 Morris Avenue Denville, NJ 07834

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

	-YYYY) Age on March 19, 2016 ars of age and over to participate.
Gender: M / F	If applicable: Morris Catholic Graduation year (YYYY or NA):
Address:	
Day of Race mobile ph	one: () Email:
Emergency Contact (d	ay of race)
T-shirt Adult Sma	II 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.