

# 2018 St. John Road Race

## FANTASYIC 5K & MAGICAL MILE

### SATURDAY - OCTOBER 27, 2018

**COSTUMES ENCOURAGED!** – Come dressed as your **FAVORITE** Disney character!

HALLOWEEN CARNIVAL IMMEDIATELY FOLLOWING EVENT

Register online at: [www.runningintheusa.com](http://www.runningintheusa.com)

OR

Mail in or drop off entry form to St. John School at:  
800 Gornito Rd., Valdosta, GA

\*\*make checks payable to – St. John Road Race



#### Registration & Entry Fees:

**FANTASYIC 5K** - \$20.00; after 10/14/18 - \$25.00  
**MAGICAL MILE** - \$15.00; after 10/14/18 - \$20.00  
**GHOST RUNNER** - \$20.00 (THIS IS A DONATION)

#### Event Times:

Registration – 7:00am  
**FANTASYIC 5K RUN/WALK** – 8:00AM  
**MAGICAL MILE** – 9:00AM

**PACKET PICK UP:** Race numbers available for pick up on Friday October 26, 2018, at St. John School from 3pm – 6:30pm

**TSHIRTS/AWARDS:** – If registered before 10/14/18 you are guaranteed a race t-shirt. T-shirts will be distributed until supplies run out for those that sign up on race day. **AWARDS:** Given for costumes and top finishers.

**Finish line services presented by A Course/Line, LLC of Valdosta**

#### **OFFICIAL ENTRY FORM** 2018 St. John Fantastic 5K & Magical Mile

\*\*\*One entry per application – no refunds or swapping runners/walkers

OFFICIAL USE ONLY

EVENT: \_\_\_\_\_ Fantastic 5K \_\_\_\_\_ Magical Mile \_\_\_\_\_ Ghost Runner

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_ Address (Number & St. or PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Contact Phone # \_\_\_\_\_

(on race day)

Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt size: Youth Sizes S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

E-mail: \_\_\_\_\_ Adult Sizes S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED:** In consideration of my entry being accepted, I intend to be legally bound and do hereby for myself, my heirs, and executors, waive all rights and claims for damages which I may have or which may hereafter accrue to me against the St. John Catholic School, St. John Catholic Church, sponsors, volunteers, race officials or any subsidiary or political subdivision thereof, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages, injuries, or injuries which may be sustained and suffered by me in connection with my association with or entry or participation in this event. If I should suffer injury or illness I authorize the officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian

(if participant is 17 or younger): \_\_\_\_\_ Date: \_\_\_\_\_

