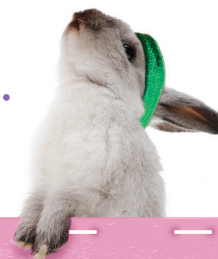


Hippity Bop Easter Hop 5k



SATURDAY, APRIL, 1ST

- Registration begins at 6:00am - Race starts at 7:00am •
- 100 Yard Mini-Dash for tots 7 and under •
- Walkers and strollers welcome •



REGISTRATION FORM

COURSE: Road race through the scenic neighborhood of South Sewall's Point, with food and vendors in the Sewall's Point Town Commons Park. USATF certified course race and chipped timed finish organized by MCM Timing.

ENTRY FEE: \$30 Pre-Registration (Under 18 - \$25), \$35 Day of Race (Under 18 - \$30)
Finisher medals and tech running shirts included to all pre-registered runners.

BUNNY HOP: \$5 Entry (children ages 7 and under, pre-registration includes race number and bunny ears)

AWARDS: Overall male/female winner, Top 3 male/female in each age category, Top Team, & Most Creatively Costumed Team

SIGN-UPS: Sign up online at www.RunSignUp.com OR mail race entry form with cash or check payment to:
SJCS Attn: 5K Race, 1200 East 10th Street, Stuart, FL 34996

GROUP OF HOPPERS: Teams will consist of 4 or more registered participants. (Entries and payment must be submitted together noting team name.) Top 4 from each team will be used to calculate team awards.

PACKET PICKUP: Packet pickup will be on Friday, March 31st at Fleet Feet from 12-6pm, and Race Day from 6-6:45am.

QUESTIONS: Email Christina Palmeri at cpalmeri625@gmail.com

ENTRY FORM - Please write clearly

Name: _____ Gender (circle): M F

Address: _____

Email: _____ Race Day Age: _____

Phone: _____ Shirt Size: Adult (men's): S M L XL XXL | Adult (women's): S M L XL

BUNNY HOP:

Name: _____ Age: _____

Name: _____ Age: _____

GROUP OF HOPPERS:

Team Name: _____



**THIS REGISTRATION IS NOT VALID UNTIL THE
WAIVER AND RELEASE ON THE BACK IS SIGNED!**

Please make checks payable to: Saint Joseph's Catholic School (SJCS)

Mail entry forms to: SJCS 1200 East 10th Street, Stuart, FL 34996

100% OF ALL PROCEEDS SUPPORT SAINT JOSEPH'S CATHOLIC SCHOOL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED!

In consideration for participation in the Saint Joseph's Catholic School Hippy Bop Easter Hop 5K, I hereby expressly and affirmatively state that I or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risk and injury including but not limited to, loss of future earning capacity, loss of or damage to personal property, various degrees in severity of bodily (physical) injury and even the possibility of death. I also recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my or my child's participation in this activity and that it is not possible to specifically list each and every individual risk. I understand that these risks of injury could arise out of negligent maintenance and/or negligent supervision on the part of Saint Joseph's Catholic School, MCM Timing and Results, LLC, the race sponsors, and the Town of Sewall's Point, its employees, agents and representatives in the event listed above.

However, knowing the material risk and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby, on my behalf or on the behalf of my child, expressly assume all the delineated risks of injury, all other possible risks of injury and even death which could occur by reason of my or my child's participation and for myself, my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, do hereby release, remise and forever discharge Saint Joseph's Catholic School, MCM Timing and Results, LLC, the race sponsors, and the Town of Sewall's Point, its agents, employees, representatives, successors and assigns of all liabilities, claims, actions, causes of action, suits, damages, costs, or expenses whatsoever, in law or in equity, which I may have or my child may have against them.

I represent that I or my child are in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity of the Town of Sewall's Point to administer any and all available first aid to me or my child, as they deem necessary. I further authorize medical transportation to a medical facility or hospital for the treatment necessary at my expense. This Waiver and Release will apply for each and every day I/my child is engaged in the activity without requiring me to sign an additional form for each day or activity. At no cost, I hereby grant full permission to any and all of the foregoing to use, reproduce and/or broadcast any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

This Waiver and Release is governed by the laws of the State of Florida, and exclusive jurisdiction shall be in the Nineteenth Judicial Circuit in and for Martin County, Florida. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I have had the opportunity to ask questions. Any questions that I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my or my child's participation in this activity and knowingly and appreciating these risks, I voluntarily participate, assuming all risks of injury or even death, due to my participation or my child's participation.

**I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

Signature of Participant	Date of Birth	Date
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Signature of Parent/Legal Guardian (if participant is under 18)	Date
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In the event of an emergency, please contact	Phone Number
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