



45th ANNIVERSARY OF THE FOOL'S RUN 10K & 5K

Saturday, April 6, 2024, 10:00 AM

Saylor Park on the Ghost Town Trail, Black Lick, PA
(GPS: 1284 Old Indiana Road, Blairsville, PA 15717)

Race Directors: Marilyn Gregory, Bill Winters, Donna Scanlon, Dick Gigliotti

SPONSORED BY

CONDUCTED BY

S&T Bank and Indiana Regional Medical Center Indiana Road Runners Club

Cookies are back for the Fool's Run to celebrate the 45th Anniversary! Visit www.indianaroadrunners.com for more anniversary celebration updates.

45th Anniversary Fool's Run Finishers' Medals Courtesy of Bill Leydic

How to Register:

Register online at RunSignUp.com "Fool's Run 10K & 5K"

Online registration closes at midnight on April 3, 2024

Or fill out application on the back and return with check or money order

Race day registration at Saylor Park opens at 8:30 AM. Pre-registration is encouraged.

Fees:

\$20.00 to March 27, 2024, \$25.00 after March 27, 2024 and on race day

Family Rate - \$15.00 each by March 27, 2024, \$20.00 after,
three or more runners or walkers from same household

Race Shirts:

Quality race shirt courtesy of S & T Bank and Indiana Regional Medical Center guaranteed through March 27, 2024. After that date and on race day as supplies last.

Awards will be presented in 10K & 5K:

Top Three Overall Male & Female. Top Male & Female Masters,
Top Three in Age Groups 15 and under, 16-19, 20-24, 25-29, 30-34,
35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Walkers welcome, no separate walker awards

For safety and insurance reasons: No baby strollers or dogs

For information, call 814 749-8556 or e-mail marathonauctions@gmail.com

RACE APPLICATION - FOOL'S RUN 10K & 5K 2024

Name _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-mail _____

10K _____ 5K _____ GENDER _____ AGE ON RACE DAY _____

SHIRT SIZE S _____ M _____ L _____ XL _____ 2XL _____

EMERGENCY CONTACT NAME _____ PHONE _____

Waiver: I, for myself and anyone entitled to act on my behalf, waive and release Indiana Road Runners Club, event workers, event sponsors and property owners from all claims or liabilities of any kind arising out of my participation in the Fool's Run 10K & 5K to be held on April 6, 2024, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

Signature _____ Date _____

Parent or guardian signature required if under 18

MAKE CHECKS PAYABLE TO "FOOL'S RUN"

MAIL TO: Fool's Run, 522 Locust Street, Indiana, PA 15701

Refunds will be issued only in the case that the event is cancelled

Results at www.indianaroadrunners.com within 24 hours of event