

Holy Family Catholic School



Holy Family Catholic School Spooktacular 5K and Family Fun Run

Saturday, October 29 at 9:00 AM - 10:30 AM at HFCS campus

Race Information

The Spooktacular is a timed 5K (3.1 miles) race on the beautiful HFCS campus, all ages and abilities welcome. Family fun run is a short lap around the track filled with prize stations. Awards ceremony to follow. Costumes encouraged! For the safety of all, do not bring animals or strollers. For any questions, please call the HFCS office at 970-242-6168

- 5K: Saturday, October 29 at 9:00 AM
 - 5K registration cost: \$25 regardless of age
 - Registering before October 14 includes the 5K, Fun Run and T-shirt
 - Registration after October 14 includes the 5K and Fun Run, but a T-shirt is not guaranteed
- Fun Run Saturday October 29, 2022 at 10:00 AM
 - Fun Run Registration Cost: \$5 (no t-shirt available)
- Turn in cash or check to HFCS office at time of registration

Registration Form

First name: _____ Last name: _____

Age on race day: _____

HFCS homeroom teacher for delivery (if applicable): _____

Gender: ☐ Male ☐ Female

Email: _____

Phone: _____

☐ 5K Run + Fun Run (\$25) or ☐ Fun Run only (\$5)

T-shirt size (Only for 5K Runners):

☐ Child S ☐ Child M ☐ Child L

☐ Adult XS ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ XXL

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Waiver

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

☐ By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18): _____ Date: MM / DD / YYYY