



SATURDAY AUGUST 3rd—RACE BEGINS AT 9:00 AM

Location: St. Patrick Church 343 Main St. Hubbard OH 44425

Registration: 7:45-8:45 Sign in at the church parking lot. To pre-register you may print the form at www.saintpatsfestival.com

Proceeds: Benefits the St Patrick's Food Pantry and Hubbard's Weekend School program.

Course: Streets-one loop 3.1 mile

Timing: Second Sole

Prizes: Top three overall male/female and age group prizes

Early Packet Pick-Up: St Patrick's Parish Center Friday Aug 2nd 6-8pm

Fees: \$20.00 until the day of the race. \$25.00 day of the race. Register by July 22nd to be guaranteed a shirt. Age 10 and under Free. Please make checks payable to Saint Patrick's Food Pantry / Race.

Name _____ M ___ F ___ Age _____

Address _____

Shirt Size S ___ M ___ L ___ XL ___ XXL ___

*Waiver on back of form must be signed and returned.

Mail Registration to: K Marshall 641 Lloyd St Hubbard OH 44425

Waiver

Athlete/Guardians must sign waiver: In consideration of my application being accepted, I hereby for myself, my heirs, personal representative and executors waive, release and forever discharge any and all rights and claims for loss or damages, including attorney fees, which I may incur to against the organizer, volunteers or sponsors of this event, for any and all injuries which might be suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained to complete this race. I hereby grant full permission to use my name, photographs, videotapes and recording of this event for any legitimate purpose without compensation/renumerations. All children must be accompanied by an adult or guardian. I further agree that this Release, Waiver and indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion hereof is held invalid, the remainder of the Agreement will continue in full legal force and effect. I further agree that this waiver and release shall be interpreted, and the rights of the parties determined under the laws of the State of Ohio. The Trumbull County Court of Common Pleas, located in Warren, Ohio shall have exclusive jurisdiction for any dispute arising under, or pertaining to this waiver.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY AND A BINDING CONTRACT BETWEEN MYSELF AND THE ENTITIES MENTIONED ABOVE, AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I UNDERSTAND THAT I AM SIGNING THIS WAIVER AND RELEASE FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature _____ Date _____

Signature _____ Date _____ Parent or Guardian signature required (if under age 18)