**Race 5K Run & Walk – Start @ 8:00 AM**

**Saturday, June 29, 2024, as part of a full day of fun and entertainment!** [**www.celestineindiana.com**](http://www.celestineindiana.com)

REGISTRATION: At Happy Hour basement starts at 7:15 am

6679 East State Road 164, Celestine, IN 47521

ENTRY FEE: $20 if postmarked by June 22, 2024 or $25 on Race day;

AWARDS: Overall Race Winners, Male & Female Age group awards

COURSE: 5K length leading thru town heading north and east, up and down some nice hills, water stop during course and at the end. Fruit and snacks will be provided after the race to participants.

T-SHIRT: Included - T-Shirt pre-registration ends June 10, 2024 to guarantee size request

For more information contact: Kelly Goepfrich 812-630-8052 – kgoepfrich@hotmail.com

Payment: Checks can be made payable to: **COMMUNITY OF CELESTINE INC.;** Venmo: @Kelly-Goepfrich
The entry form can be mailed to:

 Kelly Goepfrich

 45 Othmar Dr

 Schnellville, IN 47580

------------------------------------------- CUT HERE AND RETURN -----------------------------------------------

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on Race Day \_\_\_\_\_ Adult Shirt Size: S M L XL XXL

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

I intend to participate in 5K RUN conducted by THE COMMUNITY OF CELESTINE, INC on June 29, 2024

THE COMMUNITY OF CELESTINE, INC, and any and all of their affiliates, directors, officers, employees, volunteers, agents, contractors, and representatives are collectively referred to herein as the Indemnitees. Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, including but not limited to risk of bodily injury, illness, permanent disability, paralysis, and possible death. I AM AWARE THAT THE ACTIVITY IS POTENTIALLY HAZARDOUS. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. In consideration of being permitted to participate in the Activity, I, for myself, my heirs, my spouse, representatives, and assigns, do hereby release, waive, discharge, and covenant not to sue the Indemnitees from liability for any and all claims resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in the Activity. I agree to indemnify and hold the Indemnitees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, and fees (including attorney and expert witness fees), arising from or connected with my involvement in the Activity. I also agree that photos and video may be taken and published in connection with the Activity without further approvals or restrictions of any kind. The undersigned further expressly agrees that the foregoing Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue.

I acknowledge that I am signing this Agreement freely and voluntarily and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

I verify acceptance of the above statements by signing below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Participants Signature (or legal guardian if under 18) Date