



Dr. Seuss Family Fun Run

All ages and levels are invited to join in the Fourth Annual Dr. Seuss Family Fun Run hosted by Holy Rosary School. All proceeds go directly to Holy Rosary School's PTO. Strollers in the mile walk and costumes in all races are encouraged.

Date: Saturday, September 30, 2017

Location: Snake River Landing, near the pier

Schedule: Day-of registration & check-in ~8:00 AM

5k race start ~ 9:00 AM

1 mile start ~ immediately following the start of the 5K

Registration: \$25 per person (1 shirt)

\$55 per family (5 shirt limit)

Deadline: Sept 12, 2017 for guaranteed shirt on race day.

Complete, sign, and return attached form to Holy Rosary School, 161 9th Street, Idaho Falls, ID 83404

Before: Sept 12, 2017 for guaranteed t-shirt; registrations will be accepted on race day.

T-shirt pick-up: Thursday Sept 28th, 8 AM - 3 PM or Friday Sept 29th, 8 AM - 3 PM at Holy Rosary School

Race day check-in and day-of registration begins at 8:00 AM at Snake River Landing

Cut here✂

Name: _____

Address: _____

City: _____ **Zip:** _____

Email: _____

Daytime Phone: _____

Event: 5K 1 mile walk Gender: M F

T-Shirt Size: Adult S M L XL XXL Youth S M L XL

Fee: \$25/\$55 \$Additional Donation: _____ Make checks payable to Holy Rosary School PTO

For family registration, please list additional names and shirt sizes below:

Name: _____ **Size:** _____

Name: _____ **Size:** _____

Name: _____ **Size:** _____

Name: _____ **Size:** _____

Waiver Must Be Read and Signed Before Mailing:

In consideration of my entry, I for myself, my heirs, executors, administrators, and assigns waive, release and discharge any and all rights, claims and/or damages state allows against Holy Rosary School, Holy Rosary PTO, and any sponsors of the Holy Rosary School Dr. Seuss Family Fun Run, participating directors, organizers, or volunteers, municipalities for any and all injuries in any manner arising from my participation in this event. I attest and verify that I have knowledge of the risks, that I will assume and pay my own medical and emergency expenses in an event of an accident, illness, or other incapacity, and that I am physically fit and trained to participate in this event.

Signature

Date

Parent Signature if under 18