

St. John Catholic School



SOARING EAGLE 5K/1K RACE REGISTRATION

Make Checks Payable to: St. John's Catholic School, 1005 Fortune Avenue, Panama City, FL 32401

Last Name: _____

First Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Home/Cell Phone: _____

Work Phone: _____

Age on Race Day: _____

Date of Birth: _____

Gender: Male Female

Discount Code: _____

Event: 5K Run (or Run/Walk Combination)
1K Run or Walk

5K Walk

T-Shirt Size: Youth: YS YM YL

Adult: S M L XL

Fees: 5K \$30.00

1K \$15.00

Waiver of Liability: In consideration of accepting my entry, I, intending to be legally bound for myself, my heirs, executor and administrators, do hereby release and discharge St. John Catholic School, The Diocese of Pensacola-Tallahassee, and any and all sponsors from any liability arising from illness, injury, and damage that I may suffer as a result of my participation in "The Soaring Eagle 5K & 1K" on April 29th, 2017. I have read the entry information carefully and certify my compliance by my signature below. I understand that the entry fees are non-refundable and all unclaimed shirts will be forfeited after 2 weeks of the race date and donated to charity. Dogs, bicycles, skateboards and skates are not allowed on the course for safety reasons.

Signature: _____

Date: _____

(parent or guardian's signature if participant is under 18)