



# GO GO GATOR 5K!

## April 18<sup>th</sup>, 2015



PRESENTED BY:



**Location and Time:** Queeny Park, Upper Parking Lot

5K Run / Walk: 9:00 AM

1 Mile Run / Walk: 10:00 AM

**Entry Details:** Register by April 1, 2015: 5K - \$25, and 1 Mile - \$20  
Register after April 1, 2015: All races \$30

Register via paper form below or online at:

<https://register.chronotrack.com/reg/form?eventID=12511>

All checks should be made payable to CPOP Athletic Association

**T-Shirts:** All runners receive a T-shirt ..... while supplies last

**Awards:** 5K: Male and Female: 10 and Under; 11-14; 15-19; 20-29; 30-39; 40-49; 50-59; 60+  
1 Mile: Male and Female: 6 and Under; 7-8; 9-10; 11-12; 13-14; 15-16

**Packet Pick Up:** Friday April 17<sup>th</sup> from 3:00 PM to 5:30 PM in the CPOP Cafeteria  
Race morning at Queeny Park from 7:30 AM to 8:15 AM

**Event Contact:** For additional information, contact Tim Probst at [timprobst10@gmail.com](mailto:timprobst10@gmail.com)

Checks should be made payable to CPOP Athletic Association. Please mail to Katie Monzyk, 1021 Summer Tree Dr., Ballwin, MO 63011 or return to the school office.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age on Race Day:** \_\_\_\_\_ **Homerom (if CPOP Student):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Gender:**  Male  Female **Race:**  5K Run / Walk  1 Mile Run / Walk

**Shirt Size:**  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Waiver: In consideration of your accepting this entry, I, intending to be legally bound, hereby for myself, my heirs, my executors, and administrators, waive, and release any and all rights and claims or damages I may have against Christ Prince of Peace Catholic Church, the Christ Prince of Peace Athletic Association, Big River Running Company LLC, Big River Race Management LLC, and St. Louis County Parks and Recreation, their affiliates, subsidiaries, officials, representatives, employees, successors, volunteers, and assigns for any and all injuries suffered by me in these events. I attest and verify that I am physically fit and have sufficiently trained for the completion of these events. Further, I hereby grant full permission for the free use of my name and/or photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose. My submission of this form shall act as my legal signature.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian must sign if under 18 years old)