

Spring into Shape 5K



Run/ Walk



Saturday May 14, 2022 9:00 AM
Spring into Shape 5K
Benefitting St. Mary's Central School
St. Clairsville, OH

Race Day Information:

Registration opens 7:30am at St. Mary's Central gym. 5K Run begins 9 am. 5K Walk begins 9:02 am. Awards Ceremony will be held at approximately 10 am. The course starts at the St. Mary's Central, St Clairsville school parking lot, is run primarily on the north end of The National Road Bikeway, and concludes on a slight uphill finish at the church parking lot.

Entry Fee: \$20 pre-registered (until April 23rd), \$25 Late and Race Day Registration (April 24th & after).

No Refunds. The event is held for St. Mary's Central School, directly benefitting its students.

Please make checks payable to St. Mary's Central and mail to

Spring into Shape 5K, SMC, 226 W. Main St, St. Clairsville, OH 43950

Door Prizes For Registered Participants

Refreshments After the Race

Overall Trophies awarded to top 3 Male/Female, per Run/Walk

Age Group Trophies awarded per Age Group per Male/Female, per Run/Walk

More Race details or register at <http://www.springintoshape5k.org>

Name: _____ **Date of Birth:** _____

Address: _____ **Age on Race Day** _____

City/State/Zip: _____ **Run/Walk:** _____

Tel. # _____ **Male/Female:** _____

Email: _____

Emergency Contact Name & Tel #: _____

Waiver

I agree on behalf of myself, or my heirs, successors, and assigns, to hold harmless and defend St. Mary's Central School, St. Clairsville, its officials, directors and agents, and the DIOCESE OF STEUBENVILLE, volunteers, or representatives associated with the event, as well as Muskingum Multisports and its employees, arising from or in connection with attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the St. Mary's Central School, St. Clairsville, its officers, directors and agents, and the DIOCESE OF STEUBENVILLE, volunteers, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility. I also understand I may be photographed during the event and agree to allow use of such photos for legitimate purpose by the aforementioned parties.

Signature (Parent or Legal Guardian if under 18 years of age)

Date