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Campagna Academy **Run for the Roses**

5k Run & 2.5 Mile Walk
Saturday, October 24, 2009

Please join us in supporting the youth at Campagna

7403 Cline Ave. - Schererville, IN 46375
Directions: from East or West, take RT 30 to
Cline Ave., turn North, go 1 block

On-Site Registration - 7:30 - 8:30am
Pre-Registration Packet Pick Up - 7:30 - 8:30am



Kids Fun Run - 8:30am
5K Run - 9:00am
2.5 Mile Walk - 9:00am



For more information visit:
www.campagnaacademy.org



The 5k course is USATF certified. Run for the Roses is a Gold Cup Series Race.



**CAMPAGNA ACADEMY - RUN FOR THE ROSES
SATURDAY, OCTOBER 24, 2009**

Registration Fees Run/Walk: (T-Shirts Extra)

Advance registration (before 10/10/09) - \$13.00
 After 10/10/09 and race day registration - \$16.00
 Age 11-17 advance or race day registration - \$10.00
 Age 10 and under are free - must be with an adult
 Age 65+ advance or race day registration - \$10.00
 Cal Strider Gold Cup Members receive a \$1.00 discount

Kids Fun Run: (1/4 of a mile)

Kids age 8 and under - Free (must be with a registered adult)

T-Shirts:

Youth: M & L - \$4.00
 Adult: S, M, L & XL - \$4.00
 Adult: XXL - \$5.00

Awards:

1st place over all male & female winners - \$50.00 gift certificate to Dick's Sporting Goods
 2nd place over all male and female winners - \$20.00 gift certificate to Dick's Sporting Goods
 1st, 2nd, 3rd of all age divisions; male & female masters - medals
 Goodie bags guaranteed to all pre-registered run and walk participants
 Kids Fun Run - All kids receive awards & goodie bag

General Race Information:

New, wider run walk start
 More parking
 Chip timed race for accurate results
 Water stops on the course
 Bathrooms are available
 Family friendly finish area
 Complimentary food and refreshments after the race
 Awards and door prizes to follow the race*

*(Advance registrants only will be included in the door prize drawings)

Runners: No strollers or dogs
 Walkers: Strollers are permitted, no dogs

Age Divisions:	0-8	19-24	45-49	70+
	9-10	25-29	50-54	Athena
	11-12	30-34	55-59	Clydesdale
	13-14	35-39	60-64	
	15-18	40-44	65-69	

**ONE REGISTRATION FORM & SIGNED RELEASE PER PERSON
PLEASE PRINT**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Male/Female(circle one) Date of Birth: _____

Age on Race Day: _____ Age Division: _____

Email: _____ Gold Cup Member: Y/N (circle one)

Please check the event that you are participating in
 5K Run _____ 2.5 Mile Walk _____ Kids Fun Run _____

T-Shirt Size: (please circle one) Youth: M L Adult: S M L XL XXL
 (\$4.00 per shirt unless xxl \$5.00)

Total Fees (Registration & T-Shirt) Enclosed: \$ _____

(Please see left page for pricing details.) All proceeds benefit the needs of Campagna's youth. A portion of your registration fee is tax deductible. No refunds, transfers or substitutes. There will be a \$25.00 fee on returned checks.

**Please mail completed form to: Campagna Academy,
 Run for the Roses, 7403 Cline Ave., Schererville, IN 46375
 Checks payable to: Campagna Academy
 Questions: 219.322.8614 x332 Beth or x397 Pat**

For Office Use Only

Cash or Check
 Check# _____
 Bib# _____

Participant Release – Please complete the following for each registrant.

I, for myself, my heirs, executors, administrators, personal representatives, and assigns, hereby release Campagna Academy, the Town of Schererville, Calumet Region Striders (CRS), all governmental bodies or districts representing the geographic area(s) in which the 2009 Campagna's Run for the Roses 5k Run/Walk is held, all sponsors, contractors, officials, and its and their officers, directors, trustees, employees, representatives, successors, and assigns (collectively, the "Released Parties") from and against any and all claims under any theory (including, without limitation, injury, illness, damage, loss or harm to me or my property or my death however caused) that may arise as a result of my participation in the Walk/Run, including activities that I engage in relating to the Walk/Run that occur before or after the Walk/Run. I attest and verify that I am physically fit and able to participate in the Walk/Run of this type. I grant my permission to the Released Parties to reproduce my name, likeness, image, personality and voice by any audio/or visual recording technique now known or hereafter devised in connection with publicity and promotion activities connected to the Walk/Run or Fair and/or Released Party in all media. In case of emergency, I authorize the Released Parties to arrange for or provide such medical care, assistance, treatment and/or services, including, without limitation, surgery, to me as they determine to be necessary. I hereby release, discharge, relinquish and hold harmless the Released Parties from any medical care, assistance, treatment, or services provided to me at any time whether such treatment or services are provided by health care professionals, paramedics, or other persons.

Participant's Signature _____ Date _____

Parent/Guardian Consent and Release – If participant is under the age of 18, Participant's Parent/Guardian must read the following and sign below: I am the

parent/guardian of _____ (child).
 I represent and warrant that my child is physically fit to participate in the Walk/Run, and I consent to my Child's participation. **I HAVE READ AND I UNDERSTAND THE ABOVE PARTICIPANT RELEASE.** In consideration of allowing my Child to participate in the Walk/Run, I consent to the above and agree that its terms shall likewise bind me, my Child, my heirs, legal representatives, and assigns. I hereby release and indemnify the Released Parties from every claim and any liability that I or my child may allege against the Released Parties (including reasonable attorney's fees and costs) as a direct or indirect result of injury to me or my Child because of my Child's participation in the Walk/Run, whether caused by the Released Parties or others.

Name of Parent/Guardian (please print) _____ Parent/Guardian Signature _____ Date _____