

PACELLI CATHOLIC SCHOOLS PRESENTS
PANACEA 2019

COLOR FUN RUN WALK

Sept. 7 · Pacelli Catholic High School

5K & 1 Mile Courses

8am Packet Pick Up & Registration Opens
9am 5K & 1 Mile Run Walk Start

\$25/Adult · \$20/K-12 Student · \$15/Child 5 & Under
\$75/Family of 4 + \$10/Additional Family Members

ONLINE REGISTRATION
pacellicatholicschools.com/panacea

COLOR FUN RUN WALK REGISTRATION

PARTICIPANT NAME **SHIRT SIZE** **AGE**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

Total Due: _____

____ Cash ____ Check ____ Credit Card (MasterCard/VISA)

Card # _____

Exp _____ Sec Code _____

Signature _____

Contact Information

Email _____ Phone _____

T-Shirt Information: Please indicate size above - Youth (Y) S, M, L, Adult (A) S, M, L, XL, or XXL (add \$3). Must register by August 26 to guarantee t-shirt size. Registrations will still be accepted through the start of the race on September 7 but t-shirt size is not guaranteed after August 26. Please return forms to PCS Central Office, 1301 Maria Drive, Stevens Point, WI 54481. **Please wear sunglasses or protective eyewear on race day to protect your eyes from the color powder. Eyewear is NOT provided.**

Participation Waiver (All Adults Must Sign):

We agree to hold harmless and defend the Pacelli Catholic Schools (PCS), its officers, directors, employees and agents and the Diocese of La Crosse WI, its employees and agents, from any claim arising from or in connection with our participation or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and we agree to compensate PCS, its officers, directors and agents and the Diocese of La Crosse, its employees and agents for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of PCS. We hereby warrant that to the best of our knowledge, we are in good health and I assume all responsibility for our health. In the event of an emergency, we hereby give permission to transport us to a hospital or doctor's office for emergency medical or surgical treatment.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____