



## 5K RACE/5K WALK REGISTRATION FORM

ST. THOMAS EVANGELICAL LUTHERAN CHURCH  
COMMUNITY CELEBRATION 5K RACE/5K WALK

RACE DATE: SATURDAY, APRIL 19, 2025 RACE START TIME 10:00 a.m.  
LOCATION: ST. THOMAS CHURCH/1439 RIDGE ROAD/HOOVERVILLE PA 15936

To register, fill out the application on the back and return with check or money order (payable to St. Thomas Lutheran Church) and return to the church address listed above (ATTENTION 5K RACE/5 WALK). Race day registration at St. Thomas Lutheran Church Grove (next to the church) opens at 8:00 a.m. The race will start at 10:00 a.m.

Preregistration is encouraged. Fees - \$25.00 to April 1, 2025. \$30.00 after this date and on race day.

**Family Rate - 3 or more from same household - \$15.00 each family member that are all registered by April 1, 2025 - \$20.00 each after this date and on race day.**

Race logo caps/hats courtesy of our Sponsors (if applicable) to preregistered applicants **by April 1, 2025**. Availability after that date and on race day as supplies last. Register early to avoid disappointment!

Awards in 5K Run as applicable:

❖ Top Overall Male & Female

Top Three Males and Top Three Females in Age Groups: 12 and under, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Awards in 5K Walk as applicable:

❖ Top Overall Male & Female

❖ Top Three Males and Top Three Females in Age Groups: 12 and under, 13-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

No dogs - Course will be closed by noon.

Race Timer: David Mapes, Finishline Services

Sponsors: TBA

## Race Registration & Liability Wavier Form



I, for myself and anyone entitled to act on my behalf, waive and release St. Thomas Lutheran Church Community Celebration 5K RACE/5K WALK event workers, event sponsors and property owners from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of my own negligence or carelessness. I hereby give my permission to use my name and/or photograph in the newspaper, broadcasts, telecasts and media of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

RACE PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**(REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OLD)**

**Family Rate - 3 or more from same household - \$15.00 each family member that are all registered by April 1, 2025 - \$20.00 each after this date and on race day.**

(FOR ELIGIBILITY, YOUR FAMILY RATE PARTICIPANTS MUST EACH BE LISTED BELOW AND THEIR REGISTRATION FORMS RECEIVED BY APRIL 1, 2025, \$20.00 EACH AFTER THAT DATE.)

**FAMILY NAMES:** \_\_\_\_\_  
\_\_\_\_\_

RACE DISTANCE: 5K RACE \_\_\_\_\_ 5K WALK \_\_\_\_\_

NAME: \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADJUSTABLE HAT/CAP: \_\_\_\_\_ ADULT \_\_\_\_\_ YOUTH \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

*We Thank You for your generosity and support.*