

KNIGHTS CHALLENGE

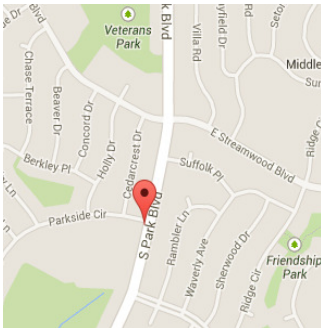
Thanks to the efforts of Father Michael J. McGivney, assistant pastor of St. Mary's Church in New Haven and some of his parishioners, the Connecticut state legislature on March 29, 1882, officially chartered the Knights of Columbus as a fraternal benefit society. The Order is still true to its founding principles of charity, unity and fraternity.

We are a band of brothers, a network of men in communities around the world dedicated to doing good in the service of God and our neighbor. With your help, we will feed the hungry in Hanover Township by supporting its Food Pantry via proceeds raised by this Knights Challenge 5K race and IM walk.

USATF CERTIFICATION NUMBER
IL-14131-JW

Notice to Race Director: Use this Certification Code in all public announcements relating to your race.

**COURSE CERTIFICATION EFFECTIVE
FROM 26 AUGUST 2014
THROUGH 31 DECEMBER 2024**



Race Check-in: 502 S. Park Blvd,
Streamwood IL

Knights of Columbus #12801
St. John the Evangelist Church
502 S. Park Blvd.
Streamwood, IL 60107
Address Correction Required

MARY'S MILLENNIUM COUNCIL #12801 KNIGHTS OF COLUMBUS

**SATURDAY
OCTOBER 5, 2019
8:30 AM - START**

6TH ANNUAL



AND KIDS FUN DASH

Register Online

5k.kofc12801.org/register

or Return Form

To Parish Office

**St. John the Evangelist Church
502 S Park Blvd
Streamwood, IL 60107**

Phone: 630-837-6500 (office)

Web site: 5k.kofc12801.org

RACE INFORMATION

Date: Saturday, October 5, 2019
 Time: 8:30 AM 5K—9:30 AM Dash
 Entry Fees 5K Runner / Walker

(Fee per registrant—register same time)

Advance Registration Pricing (Race Day add \$5 each)

TYPE	QTY	PRICE EACH	TOTAL
Individual		\$30.00	
Student (<=18)		\$20.00	
Family (3 or more)		\$20.00	
Kids Fun Dash (<= 10)		\$7.00	
Rate Adjustment		\$.00	\$.00
TOTAL ENCLOSED		\$.00	\$.00

Age Divisions

<15, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & over

Course Location

502 S. Park Blvd, Streamwood, IL

Route will be held on wide, local neighborhood streets and conclude at the starting point. Water will be provided along the course.

Registration (online preferred)

Click link on <http://5k.Kofc12801.org>

Make check payable to / Return to:

Knights of Columbus Council #12801
 St. John the Evangelist Church
 502 S Park Blvd.
 Streamwood, IL 60107

Race Day Registration (add \$5 per registrant)

We will take registration the day of the event from 7:00 AM - 8:00 AM at St. John the Evangelist Parish Center located on the corner of Park Blvd. & Parkside Circle, Streamwood, IL

(630) 837-6500 Email: info@kofc12801.org

KNIGHTS CHALLENGE 5K RUN / WALK & KIDS FUN DASH - REGISTRATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Birth Date: _____ Age: _____ Gender: _____ **PROMO** _____

Cost: _____ (see chart) Event (Circle): Walk / 5K T-shirt size (Adult): S M L XL 2X

COST ADDITIONAL FAMILY MEMBER REGISTRATION Event (Circle) Shirt Size (Adult)

_____ Name: _____ Age: _____ Gender ____ Walk / 5K / Dash S M L XL 2X

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_____ Name: _____ Age: _____ Gender ____ Walk / 5K / Dash S M L XL 2X

_____ Name: _____ Age: _____ Gender ____ Walk / 5K / Dash S M L XL 2X

_____ Name: _____ Age: _____ Gender ____ Walk / 5K / Dash S M L XL 2X

_____ Donation Special Request: _____

KNIGHTS OF COLUMBUS #12801 WAIVER & RELEASE OF ALL CLAIMS (PLEASE READ CAREFULLY !)

Please read this carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries, arising out of this program that you might sustain.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.”

“I agree to waive and relinquish all claims I may have as a result of participating in the program against the Knights of Columbus and its officers, agents, and servants.”

“I do hereby fully release the Knights of Columbus and its of officers, agents, and servants from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.”

“I do hereby agree to indemnify and hold harmless and defend the Knights of Columbus and its officers, agents, and servants from any and all losses sustained from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. By providing my email I agree to receive periodic emails from Knights of Columbus #12801.”

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Parent/Guardian (If Participant is under 18 years of age)