

2022
Calumet Region Striders
PROVISIONAL (Races are still being added)



When a Gold Cup event consists of more than one race, please check the scoring requirements for your Gold Cup competition age (your age on July 1) to ensure that you are running the correct race. If you are competing in the Clydesdale or Athena Age Groups, you MUST run in those divisions if offered in a specific race in order to receive Gold Cup points.

Gold Cup Award Requirements
18 & Under must complete 5 races.
19 & Over must complete 10 races.
Elite Series Race ***

Note that the Elite Series Competition differs from the Gold Cup Competition and has a different set of scoring rules.

#	Date	Time	Race Name	Distance	Location	Age Groups
1	Saturday March 12	9:00 AM	Runnin' With the Irish	5K	Chesterton, IN	All
2	Saturday April 02	7:30 AM	Ringin in Spring	5K	Valparaiso, IN	All
3	Saturday April 09	9:00 AM	St Paul Spirit Run ***	5K	Valparaiso, IN	All
4	Saturday April 16	10:00 AM	Resurrection Run	10K	La Porte, IN	15 & Over
4	Saturday April 16	10:00 AM	Resurrection Run	5K	La Porte, IN	14 & Under
5	Saturday April 23	9:00 AM	Hub Run	5K	Crown Point, IN	All
6	Sunday May 08	8:00 AM	Run Like a Mother	5K	Crown Point, IN	All
7	Friday May 13	6:00 PM	Valpo K9 Race	5K	Valparaiso, IN	All
8	Saturday May 21	8:30 AM	Lotus Reach	5K	Valparaiso, IN	All
9	Monday May 30	9:00 AM	Trail Run Xtreme ***	12K	Portage, IN	All
10	Saturday June 11	8:30 AM	Munster Rotary Run-A-Round ***	10K	Munster, IN	15 & Over
10	Saturday June 11	7:45 AM	Munster Rotary Run-A-Round	5K	Munster, IN	14 & Under
11	Saturday June 18	7:30 AM	Firecracker	5K	Chesterton, IN	All
12	Saturday July 02	7:30 AM	Brickyard Run	5 Mile	Hobart, IN	15 & Over
12	Saturday July 02	7:30 AM	Brickyard Run	5K	Hobart, IN	14 & Under
13	Sunday July 03	6:30 PM	All American Mile ***	1 Mile	Highland, IN	All
14	Saturday July 09	8:00 AM	Festival of the Lakes Roadie Run	5K	Hammond, IN	All
15	Sunday July 10	9:00 AM	Running Wild for WP Zoo	5K	Michigan City, IN	All
16	Saturday July 23	7:30 AM	4H 4 Mile Hustle ***	4 Mile	Valparaiso, IN	All
17	Saturday August 06	8:00 AM	Nick Schultz - Live, Love, Give	5K	Lowell, IN	All
18	Saturday August 13	8:00 AM	Rotary Ramble ***	5K	DeMotte, IN	All
19	Saturday September 03	8:00 AM	Lowell Labor Day	5K	Lowell, IN	All
20	Saturday September 17	8:00 AM	Runnin' For Prestin	10K	Michigan City, IN	15 & Over
20	Saturday September 17	8:00 AM	Runnin' For Prestin	5K	Michigan City, IN	14 & Under
21	Sunday September 18	7:30 AM	Hub City Races	Half Marathon	Crown Point, IN	19 & Over
21	Sunday September 18	8:00 AM	Hub City Races	5K	Crown Point, IN	18 & Under
22	Saturday September 24	8:00 AM	Light the Darkness	5K	Merrillville, IN	All
23	Sunday October 02	9:00 AM	Field Station Frenzy ***	5K	Porter, IN	All
24	Saturday October 15	9:00 AM	Run for a Cause (Love, Jessica)	5K	Hammond, IN	All
25	Sunday October 16	1:00 PM	Lowell Classic	2K	Lowell, IN	8 & Under
25	Sunday October 16	1:30 PM	Lowell Classic	3K	Lowell, IN	9-10, 11-12
25	Sunday October 16	2:00 PM	Lowell Classic	4K	Lowell, IN	13 & Over
26	Thursday November 24	9:00 AM	Pumpkin Plod	10K	Highland, IN	All

www.calstrider.org

Dedicated to the promotion of every aspect of road racing and fun running for health, fitness, camaraderie and the pure enjoyment of our sport.

Version: 01/21/22

2022 MEMBERSHIP APPLICATION



Mail application and fees to:

CALUMET REGION STRIDERS
PO BOX 225
GRIFFITH, IN 46319

**NOTE: ENTER MAILING AND EMAIL ADDRESSES
BELOW TO RECEIVE THE INSTEP NEWSLETTERS,
CRS CORRESPONDENCE, AND CRS EMAIL.**

					Dues must be paid to participate in Gold Cup Series				Optional Participation				Total Due			
First Name	Last Name	Birthdate		Gender		Individual Membership	Family Membership - covers all household members listed	5-Year Individual Dues	10-Year Individual Dues	Gold Cup Series						
		Month-Day	Year	M	F					Gold Cup Series Participant	Age Competition	Male Clydesdale 210 pounds plus	Female Athena 170 pounds plus			
Primary Household Member:					Check One						Check One					
Email Address:							\$15	\$20	\$55	\$100	\$35					+
Add'l Household Member:									\$55	\$100	\$35					+
Email Address:									\$55	\$100	\$35					+
Add'l Household Member:									\$55	\$100	\$35					+
Email Address:									\$55	\$100	\$35					+
Add'l Household Member:									\$55	\$100	\$35					+
Email Address:									\$55	\$100	\$35					+
ADDRESS _____ CITY, STATE ZIP _____ PHONE CONTACT _____					Less Discounts Applied: _____ -					Plus Optional Donations:						
										Jim Cox Scholarship Fund					+	
										Stevens-Hamilton Disabled Runner Fund					+	
					Total Enclosed										=	

I know running and volunteering in club-sponsored events are potentially hazardous activities. I will refrain from entering and running in club activities if I am not medically able and/or properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering in club-sponsored events, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership. I, for myself, and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Calumet Region Striders, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of negligence or carelessness on the part of the person named in this waiver.

Signature: _____
 Parent's signature if under 18 years of age.

Date: _____



5K Run/Walk

10K "Resurrection" Run

Saturday, April 16th @

Door Village United Methodist Church

3502 Joliet Road, LaPorte, IN 46350



For more information: www.newdayfoundation.com or

contact Chris Kiser @ (219)309-0572

Checks can be made payable to

The NewDay Foundation Attn: NewDay Resurrection Run

% Door Village UMC

3502 Joliet Road

La Porte, IN 46350

8:00-12:00 Pancake breakfast (included with registration).

8:00 Same day registration & packet pick up opens.

9:00 Easter Egg Hunt sponsored by Door Village Lions.

9:30 Family Fun Run.

9:45 10K (gun) start

10:15 5K (gun) start

Awards to be held inside in the basement of DVUMC (location of pancake breakfast) upon completion of race.

The NewDay Foundation was founded in 2003 by Connie & Scott Marhanka while Connie was in the midst of a seven year battle with cancer. The Mission of the NewDay Foundation is to help cancer patients as they struggle with the everyday challenges of treatments and obstacles they may face.

Trophies for Top Male & Female, Overall & Masters.

Medallions for the top three male & female of each age group including Athena (170#) & Clydesdale(210#).

Age divisions: 8 & UNDER, 9-10, 11-12, 13- 14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+

Registration includes a t-shirt & pancake breakfast.



	5K	10K
Early bird thru 3/31	\$20	\$25
4/1 thru Race Day	\$25	\$30

** Shirts are not guaranteed for those registering after 3/31.**

Name _____

Address _____

Email _____ Phone # _____ 5K or 10K _____

Age _____ Shirt Size (+\$2 XXL/XXXL) _____ Male ___ Female ___

Athena (170#+ female) _____ Clydesdale (210#+Male) _____

Calumet Strider(\$2 off) _____ No Shirt Option (\$5 off) _____

Total Amount Enclosed: _____

I, the undersigned participant, certify that I am physically able to participate in the **NewDay Foundation Resurrection Race**. In consideration of this entry, I hereby for myself (or my minor child), heirs, executors and administrators agree to waive and release any claims that I may have against the **NewDay Foundation and Calumet Region Striders**, any and all members, agents, officers, employees and sponsors thereof, shall be released from any and all claims for personal injury or injury loss, or damage to personal property suffered or sustained by me in connection with, or arising out of, or resulting from, any and all activities associated with the **NewDay Foundation Resurrection Run** while on the premises of the United States, State of Indiana, City of La Porte, Door Village Church. I further assume the risk of personal injury, loss, or damage to myself and loss, injury and damage to my property while on the above premises and while participating in the above activities. I understand that I, my child or any family members may be photographed during the course of this public event and the photographs may be used in print media, the internet or for promotional purposes.

Signature (Parent/Guardian signature if under 18).



HUB RUN 2022
100 W Burrell Dr.
Crown Point, IN 46307

NON-PROFIT ORG.
U.S. POSTAGE
PAID
HAMMOND, IN 46320
PERMIT NO. 1

Sign Up for the 41st Annual Hub Run
Register by April 2nd to guarantee your shirt size.

www.hubrun.org



HUB RUN

April 23, 2022

Starting 9:00am at Bulldog Park
Crown Point, Indiana



REGISTRATION

Online: www.runsignup.com with credit card

Visit: www.hubrun.org to download any additional registration forms.

Mail: Fill out, clip and mail registration form with check payable to:
DEAN & BARBARA WHITE SOUTHLAKE YMCA

Attention: Hub Run • 100 W Burrell Dr. • Crown Point, IN 46307



PRE-RACE

Packet Pickup:

For your convenience you may pick up your race shirt on Friday, April 22 from 9-6:00pm at the Dean & Barbara White Southlake YMCA.

RACE DAY

Race day registration and packet pick up on Saturday, April 23 from 7-8:30am.

LOCATION

Bulldog Park at 183 S. West St.

*Note all roads along course will be closed at 8:45am until race is over.

SHIRTS

To guarantee shirt size, register by April 2. **After April 2, we will not guarantee your shirt size.** Registration ends at 8:30am SHARP on April 23!

AWARDS

Award ceremony will immediately follow the race. Awards given to Top Female and Male Overall; first, second & third place finishers in each age division, Athena, and Clydesdale for the 5K run (Masters not eligible for age division award). **AWARD GIVEN TO THE ELEMENTARY SCHOOL WITH THE MOST PARTICIPANTS!**

GENERAL INFORMATION

Contact Race Director Amy Lucka at 219 663 5810 or via email at alucka@crymca.org. The race will start and finish at the Bulldog Park at 183 S. West St., Crown Point, IN.

*No dogs, bicycles, in-line/roller skates, wagons, or scooters are allowed on the course. **PARKING:** Wheeler Middle School, St. Mary's and Crown Point city streets. Race will be held rain, snow, or shine.

FIRST AID: Provided by the Crown Point Fire Department

RESULTS: 5K race will be timed using on-the-bib disposable chip timing technology. Full results will be posted at www.hubrun.org and www.thtiming.com.

5K AGE/WEIGHT DIVISIONS

0-8 9-10 11-12 13-14 15-18 19-24 25-29 30-34 35-39
40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+
Masters (40 and over) Overall (Male & Female) Athena (170+) Clydesdale (210+)

5K REGISTRATION

ON or BEFORE April 2, 2022

5K Registration\$20.00
Age 10 and under\$10.00

ON or AFTER April 3, 2022

Age 11 and above (Shirt size NOT guaranteed)\$25.00
Age 10 and under (Shirt size NOT guaranteed)\$15.00

2K REGISTRATION

ON or BEFORE April 2, 2022

2K Registration\$12.00
Age 10 and under\$8.00

ON or AFTER April 3, 2022

Age 11 and above (Shirt size NOT guaranteed)\$15.00
Age 10 and under (Shirt size NOT guaranteed)\$10.00

2022 HUB RUN REGISTRATION FORM (please print)

TOTAL DUE: \$ _____ (SORRY, NO REFUNDS!)



Pre-registration Discount \$1.00 for CRS Members

Name _____ Phone (____) _____

Address _____ City _____

State _____ Zip _____ Email _____

Elementary School _____

Age (as of 4/23/22) _____ Birthdate _____ Male Female

Athena (170+) Clydesdale (210+)

Enter me in 2K (1.24 miles)

Enter me in 5K (3.1)

ADULT STYLE-WICKING | YOUTH STYLE-COTTON

ADULT SIZE: S M L XL XXL

YOUTH SIZE: M L

NO SHIRT (\$4.00 discount off of registration fee)



WAIVER STATEMENT (Must be signed):

I attest and verify that, the undersigned, intending to be legally bound, hereby, for myself, and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court cost and cost of collection which I or the above named entrant (Entrant) may have now or in the future against any of the sponsors or organizers of this event, its agents, employees, officers, directors and volunteers, Calumet Regional Striders, arising out of or in connection with this event. I attest and verify I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs and other records of this event for any legitimate purpose.

SIGNATURE _____ Date _____

(Parent or Guardian signature if under 18 years of age). One form per participant only. Forms may be photocopied.



HometownHappenings.net

Run Like a Mother 5K/2K

Sunday, May 8th, 2022, 8 am
Lake Co Fairgrounds, 889 S Court, CP

Directions: From Downtown Square, South on Court St. to Park



Celebrate Mom while helping Moms & future Moms!

- **Hosted by Robin Rock! Gifts for all Moms!**
- **FREE stemless wine glass included (while supplies last).**
- **Free Mimosas & Hot Breakfast** after race.
- **Awards** for Top Overall & Top 3 in each Age Group. **DJ Music.**

Register: HometownHappenings.net or mail w check to: Hometown Happenings, 312 Rose Ellen Dr, Crown Point, IN 46307 Cost thru 5/6: \$28 adults, \$20 kids. 5/7 & Event Day: \$35 all ages. Shirts extra \$15 thru 4/28.



CRS Gold Cup Members use code "StriderGC2022" for \$2 off.

Supporting Mommy's Haven Maternity Home



2022 Run Like a Mother

Male: _____ 5K Adult(\$28) _____
 Male: _____ 2K Adult(\$28) _____
 Female: _____ 5K Child 12 & under(\$20) _____
 Female: _____ 2K Child 12 & under(\$20) _____

Age on 5/8: _____ Shirt(\$15) _____
 Clydesdale: _____ Athena: _____ Total: _____

Name : _____
 Address: _____
 City, St, Zip: _____
 Email: _____
 Phone: (____) _____

Shirt size (Please circle) Fit: Regular Women's Cut
Adult: S M L XL XXL **Youth:** M L

Vote for Your local Women's Charity: _____
 or choose: Teen Moms Mommy's Haven

WAIVER STATEMENT (Must be Signed)

I attest and verify that, the undersigned, intending to be legally bound, hereby for myself, and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court cost and cost of collection which I or the below named entrant (Entrant) may have now or in the future against any of the sponsors or organizers of this event, its agents, employees, officers, directors, The Calumet Region Striders and volunteers, arising out of or in connection with this event. I attest and verify I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs and other records of this event for any legitimate purpose.

Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for Hometown Happenings and those supporting the event to completely eliminate the risk that any participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participants will render Hometown Happenings harmless to any and all claims with respect to any & all personal injury/illness/death regardless of negligence or otherwise.

Signature: _____
 (Parent /Guardian if under 18 years)

Date: _____

May 7th thru Event Day: \$35 all ages.

Registration Form

Guardians of the Night 5K-9 Run & 1-Mile Dog Walk



Friday, May 13, 2022
Central Park Plaza (Valparaiso, IN)

5:30 p.m. (Jr. Police Fun Run); 6:00 p.m. (Run) & 6:15 p.m. (Dog Walk)

Pre-register on-line at www.Runsignup.com until 8 A.M. May 12, 2022. 5K Competitive Run (All ages) & 1 Mile Walk Ages 13 & Older - \$20; Children 12 & under (1-Mile Walk only) - \$13

NEW: Jr. Police Run (Un-timed Fun Run for younger children, T-shirt included) \$12 (Two-block run east on Indiana Ave. from Lafayette St. to Washington St.)

Race Day Registration: \$25 (Run & Walk) at Central Park Plaza (Lincolnway & Lafayette) Moisture wicking shirts guaranteed to all runners & walkers pre-registered before 5/4/22.

Awards presented to Overall Male/Female finishers; Overall Male/Female Master (age 40+) winners; and top 3 the following male/female finishers in Athena for Women weighing 170 lbs. and over; Clydesdale for men weighing 210 lbs.; 8 & under; 9-10; 11-12; 13-14; 15-18; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80 & over.

Computerized Timing provided by T&H Timing. Split times at every mile and water stations on the course. No strollers, bicycles, in-line skates, or scooters allowed. Handicap equipment is permitted. The 5K run is a road course with moderate hills.

Packet pickup: Wed. (5/11) & Thurs. (5/12) at Extra Mile Fitness Co., 1330 E. Lincolnway, Valparaiso, IN 46383 from 10:30 a.m. – 6:30 p.m. or on-site race day at Central Park Plaza prior to the race, beginning at 4:30 p.m.

Proceeds benefit the Valparaiso Police K-9 Unit (Hosted by FOP Lodge #76)

Mail-in pre-registration must be postmarked before May 2, 2022.

Name: _____ Age Race Day: _____ Gender _____

Address _____ City: _____ State _____, Zip _____

Phone: _____ E-Mail: _____ Circle Shirt Size: YS S YM M YL L XL XXL

(____ 5K Run) (____ 1 Mile Walk) (____ 1 Mile Walk Children 12 & Under) (____ Jr. Police Run) (Check One)
5K runners select: _____ Open Division (age groups) or _____ Athena/Clydesdale Division

Mail-in Race Entry \$20 for 5K Run and Walk (1 Mile Walk Children 12 & under \$13.00) or Jr. Police Run \$12

Submit checks payable to Valparaiso FOP (memo line "5K9") and mail to Sgt. J.Cowser, 355 Washington St., Valparaiso, IN 46383. Email jcowser@valpopd.com with questions.

Notice: By completing this form, I assume all responsibility and agree to waive any responsibility for injury or loss for the race organizers, sponsors, volunteers, Calumet Region Striders or any other entity associated with this event. I verify that I am physically fit and have trained sufficiently for this event.



5th Annual Lotus Reach 5k Run/Walk

May 21, 2022



2022 GOLD CUP SERIES RACE



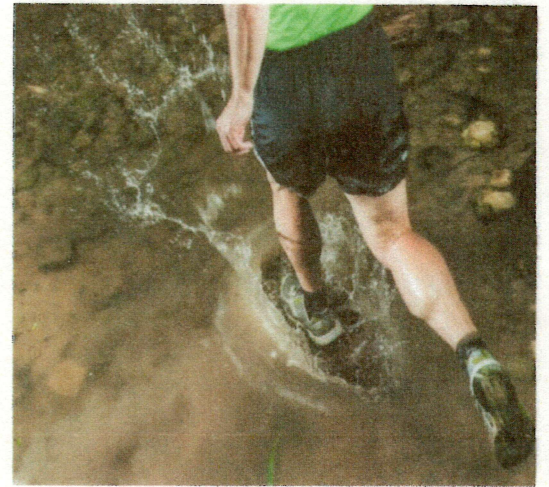
- Time:** Race - 8:30am, On-site Registration - 7:30am
- Location:** Sunset Hill Farms, 775 Meridian Road, Valparaiso, IN 46385
- 5k Entry Fee:** Early Registration with t-shirt: \$30
After April 30th & on race day: \$35 - shirts are not guaranteed.
- Run Awards:** Top 3 male & female overall finishers, top 3 male & female masters (40+), top 3 Athena finishers, top 3 Clydesdale finishers, and top 3 male & female in each age group.
- Adv Bib & T-shirt Pick-up:** Friday, May 20th: 10am-7pm
Extra Mile Fitness Company, 1330 E. Lincolnway, Valparaiso, IN 46383
- Race Day Pick-up:** Saturday, May 21st: 7:30am - 8:15am
Sunset Hill Farm, registration area
- Refreshments:** Refreshments & food available after the race
- Contact:** Tracy LeBio at lotusreach.tl@yahoo.com

Register Online at: www.thtiming.com

After the Race a drawing will be held for all participants to win door prizes & gift cards from local businesses!

**Gabriel's Horn Shelter's
Annual Trail Run Xtreme
12K**

**MEMORIAL DAY 2022
MONDAY, MAY 30th**



**At Imagination Glen Park EAST
BMX Entrance off of 149 just North of 20
12K Run Start- 8am**

**This is 2022 XYZ Trail Series and Gold Cup Race
Advanced packet pick up will be available at Extra Mile
Fitness on May 26th from Noon - 5PM.**

**XTREME PARTNERS: Gabriel's Horn Shelter,
Outback Trail Commission, Portage Parks and
The Extra Mile Fitness Company**

**Online registration is available at _
www.thtiming.com (choose May 30th Trail
Run Xtreme)**

MEMORIAL DAY 12K TRAIL RUN XTREME

Monday, May 30th, 2022
Imagination Glen Park EAST,
North State Road 149
Portage, IN 46368
Starts @ 8am

XTREME PARTNERS: Gabriel's Horn Homeless Shelter, Outback Trail Commission, Portage Parks and The Extra Mile Fitness Co.

Awards for the 12K Run presented to the top overall male and female finishers, top male and female masters, and top three finishers in each age group: 8 & under; 9-10, 11-12, 13-14, 15-18; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69, 70-74; 75-79; 80+ ; Athena and Clydesdale. Awards will also be presented to the First Male and Female Finisher representing each branch of the military. Participants are only eligible to win one award. Post-race snack food/drinks will be available. Majority of proceeds benefit Gabriel's Horn Homeless Shelter with remainder to Outback Trail Commission.

Entry fees:

Online or Mail-in \$40 (Race Day \$50).

All mail in registrations must be post marked before May 20, 2022

For more information E-mail: mhammond@gabriels-horn.org

Name: _____ Age Race Day: _____
Gender _____ Athena _____ Clydesdale _____
Address _____ City: _____
State _____ Zip _____ Phone: _____
E-Mail: _____
Military Branch (if applicable) _____

Mail-in Race Entry Fee - \$40

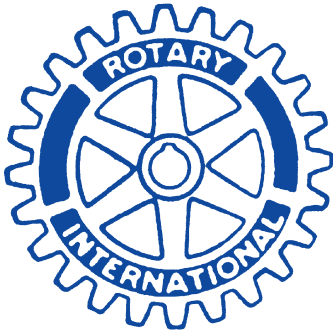
Make checks payable to: Gabriel's Horn Homeless Shelter and mail to:

Gabriel's Horn Shelter
P.O. Box 943
Portage, IN 46368

*Online registration is available at www.thtiming.com

It is my understanding that this activity is an extreme event and may cause physical harm. In signing this form, I accept all responsibilities for any injuries resulting from participation and release all organizers and sponsors, volunteers, Calumet Striders, Outback Trail Commission, Gabriel's Horn and all entities associated with this event of any claims. I attest that I am physically fit and have sufficiently trained for this strenuous event.

Signature: _____ Date: _____



Munster Rotary Club

33rd Annual

Run-A-Round

10K (6.2 Miles) Run Elite Gold Cup
5K (3.1 Miles) Run (Jr. Gold Cup) • 5K Walk



Saturday, June 11, 2022 (Rain or Shine)

FOLLOW US ON FACEBOOK

- TIME:** Registration Online. 5K run and 5K walk begins at 7:45 am, 10K run at 8:30 am.
Registration closes 6:00 p.m. Friday, June 10, 2022
- PLACE:** Munster High School football field, 8808 Columbia Avenue. **PARKING:** Across from football field
- COURSES:** Scenic Route-Paved Roads-Water Stations (3)-Splits (5K-1/10K-3)-USATF Certified
- ENTRY FEE:** Pre-Registration \$25.00. \$30.00 after June 5th. (\$35 to run both races)
Family of four - \$75.00 (Pre-registration only) Must be mailed & received by June 6th.
Sport backpack guaranteed for first 250 pre-registrants, as available on day of race.
- AWARDS:** Runs - 1st Overall Male & Female Plaques
1st-2nd-3rd All Divisions-Male & Female Medals
Walk - 1st Overall Male and Female Plaques
Masters Division - (40+) Male and Female Plaques
- DIVISIONS FOR RUNS: MALE AND FEMALE:** Clydesdale, Athena, 8 & under, 9-10,11-12, 13-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-80, 80+

CRS Gold Cup Series Race

Computerized Scoring

Entries: Make Checks Payable to Munster Rotary Club

Mail Entries To: Race Director

P.O. Box 3241

Munster, Indiana 46321- 0241

E-mail: chuckk555@gmail.com

Register online: www.thtiming.com or www.runsignup.com

Click on the Upcoming Races tab at the left

Questions? Call Chuck Kerr at 219-713-5419

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

AGE _____ SEX _____ RACE (Circle) 5K WALK 5K RUN 10K RUN

CLYDESDALE _____ ATHENA _____

GOLD CUP MEMBER? YES _____ NO _____ CARA MEMBER? YES _____ NO _____ IF YES CARA # _____

\$22.00 Fee For Gold Cup and CARA Members (Pre-Registration Only) Discount code: StriderGC2022

Gold Cup participants age 15 and over must participate in 10K for credit towards Gold Cup points.

IMPORTANT: Please read before signing. WAIVER: In consideration of your acceptance of this entry, I hereby for myself, heirs, executors and administrators, waive any and all rights and claims for damages I may have against the Munster Rotary Club, Inc., Striders, CARA and any other race organizers or sponsors, for any and all injuries suffered by me in connection with said event, including pre and post activities. By my signature, I acknowledge that I have read and understand the prior terms and conditions.

SIGNATURE _____ PARENT'S _____

(If under 18, must have signature of parent or guardian)

DATE _____

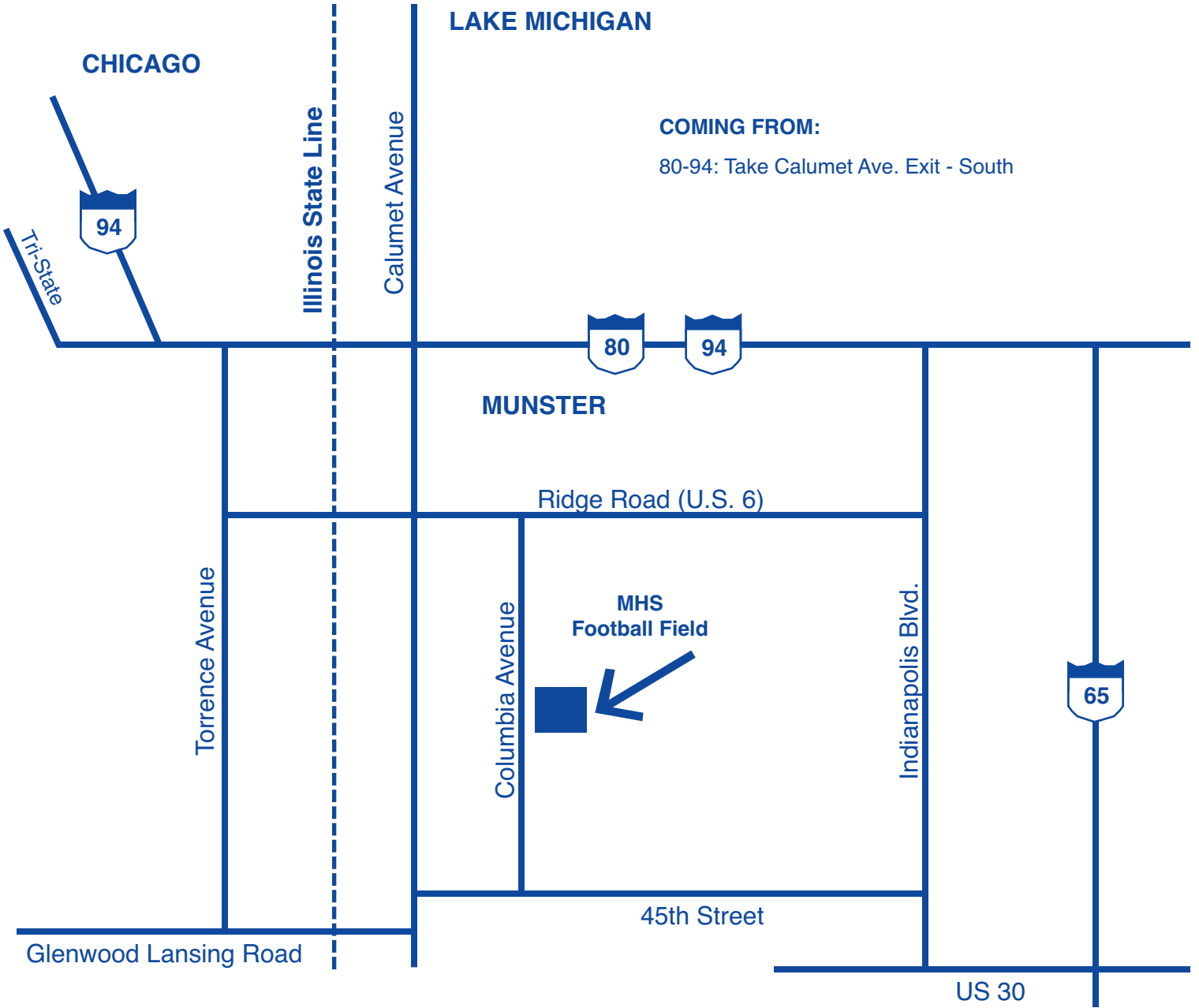
E-mail Address: _____

LAKE MICHIGAN

CHICAGO

COMING FROM:

80-94: Take Calumet Ave. Exit - South



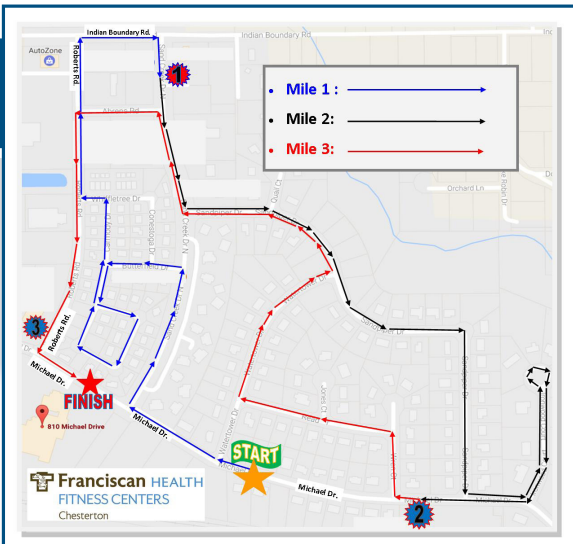
P.O. Box 3241
Munster, IN 46321

Firecracker 5K

Saturday, June 18, 2022

Race Begins at 7:30am

5K Run/Non-Competitive Walk



Fast & Flat Course

Perfect for beginners or those looking to set a personal record.

Prizes Awarded to:

1. Overall & Masters winners
2. Top (3) Athena & Clydesdale
3. Top (3) Male/Female, finishers in each age group

AGE DIVISIONS

0 - 8	19 - 24	45 - 49	70 - 74
9 - 10	25 - 29	50 - 54	75 - 79
11 - 12	30 - 34	55 - 59	80+
13 - 14	35 - 39	60 - 64	
15 - 18	40 - 44	65 - 69	



Where: Franciscan Health Fitness Centers Chesterton
810 Michael Dr. Chesterton, IN 46304

Learn more: FranciscanHealthFitnessCenters.org/firecracker5k

or contact Race Director, Barbie Pilla 219.983.9832 ext. 219 or Barbara.Pilla@franciscanalliance.org

REGISTRATION INFORMATION - MUST COMPLETE FRONT AND BACK

_____ \$20 Early Registration Fee

_____ \$5 Cinch Bag

Total Amount Enclosed \$ _____

_____ \$2 Discount for Franciscan Health Fitness Centers members or Cal Striders (max discount \$2/ per person)

Gender (circle one): Female or Male Age on Race Day _____

Athena (Women 170lbs+) _____ Clydesdale (Men 210lbs+) _____

MUST COMPLETE WAIVER AND SUBMIT ON OR BEFORE RACE DAY

Entry fees MUST be postmarked by Saturday, June 4, 2022 to get discounted rate.

Fees will increase to \$25 on June 5th, 2022

Online Registration open until 6/15/2022. Race Day Registration from 6am-7am onsite.

Register Online: FranciscanHealthFitnessCenters.org/firecracker5k

PLEASE PRINT

-Male -Female -Cell -Home

Participant's Name _____ /_____/_____
 Date of Birth _____ PHONE # (_____)_____-_____
-Cell -Home

Parent/Guardian's Name _____ /_____/_____
 Date of Birth _____ PHONE # (_____)_____-_____
 EMAIL: _____

Address _____ City _____ State _____ Zip _____

**Questions #1-7
 pertain to Under 18
 Minor participant –
 Parent/guardian must
 answer for Minor.**

- () Yes () No
- () Yes () No
- () Yes () No
- () Yes () No
- () Yes () No
- () Yes () No
- () Yes () No

1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
3. Do you ever feel pain in your chest when you do physical activity?
4. Have you been told your blood pressure was too high?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Are you currently taking prescription medication for your blood pressure or a heart condition?
7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

If I answered yes to one or more of these questions, I understand I should talk to my doctor before using the facilities and equipment at Franciscan Health Fitness Centers ("Club") because I may be at a higher risk for injury or adverse health consequences. If I choose not to talk to my doctor before using the facilities and equipment at the Club facilities, I acknowledge that I am choosing not to follow the recommendation of the Club for doctor approval and consultation. The Club and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequences resulting therefrom.

Consent to Photograph: I (or parent/guardian if member is under 18 years of age) grant permission to Club to publish and utilize photographs for inclusion in any publication authorized by Franciscan Health Fitness Centers ("Club") and/or Franciscan Alliance, Inc. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to the Club's Business Office. I (or parent/guardian if member is under 18 years of age) also understand that personal photos and/or videos can only be taken under the direct supervision of a Club employee and the photos and/or videos can only be taken of themselves or their guardian child as photos and video taping of any other persons within the Club is prohibited on Franciscan Alliance Inc. premises. I agree and understand that photos and videos that are taken by parent/guardian or participant cannot be used for any other purpose other than personal. I (or parent/guardian if member is under 18 years of age) also agree to allow Club to use photographs, negatives, images, reprints, and video tapes to be used for print advertising/marketing presentations to the public, through all media, including but not limited to television spots, web sites and/or display units. **The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images.**

COMPREHENSIVE WAIVER AND RELEASE (Under 18-MINOR)

I am executing this Comprehensive Waiver and Release ("Waiver and Release") on behalf of and in my capacity as the parent or legal guardian of the minor identified below ("Minor") in consideration of (a) the Minor being permitted to participate in one or more activities associated with Franciscan Health Fitness Centers ("Club") and/or (b) the Minor being allowed access to all or any part of the Club premises, located at 810 Michael Drive, Chesterton, Indiana (the "Club"). I acknowledge, on behalf of Minor, that engaging in any physical exercise or activity carries with it risk of personal injury or even death and, to the extent that Minor engages in any physical exercise or activity at or uses any Club facility, Minor does so at Minor's own risk. This includes, without limitation, Minor's use of any locker room, pool, whirlpool, sauna, weight room, aerobics classroom, parking area, sidewalk or any equipment in the Club and it also includes Minor's participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. I agree on behalf of Minor that Minor is voluntarily participating in these activities and using these facilities and premises and Minor and I assume all risk of injury, death, illness, disease, damage or loss to Minor or to Minor's property that might result, including, without limitation, any loss, theft of or damage to any personal property.

Minor and I (and Minor's personal representatives, heirs, executors, administrators, agents and assigns) hereby release and discharge the Franciscan Alliance, Inc., Franciscan Health Fitness Centers, MyZone Limited and any affiliates, tenants, trustees, directors, officers, members, employees, agents, representatives, successors or assigns of any of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This release of liability includes, without limitation, injuries or death to Minor which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) Minor's use of any exercise or fitness equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise or fitness equipment or facilities, (c) any Releasee's alleged negligent instruction or supervision, or (d) Minor's slipping, tripping or falling while in the Club or on the Club's premises. This Waiver and Release also includes claims and liability from any cyber security breaches with use of any third party mobile apps and websites. I am waiving on behalf of Minor and myself any right that Minor or anyone acting on behalf of Minor may have to bring a legal action to assert a claim against any Releasee's negligence or other fault. In addition, I agree on behalf of Minor and myself to indemnify each Releasee for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release in the event that Minor or anyone acting on behalf of Minor sues one or more of the Releasees.

I acknowledge and represent that I am the parent or legal guardian of Minor and that I have read this Waiver and Release on behalf of myself and Minor. I understand that it affects my legal rights and the legal rights of Minor and I represent that I have not relied upon any oral statements or representations of anyone to induce me to sign it.

 (Signature of Parent or Legal Guardian on behalf of self and Minor) (Name of Minor)

Authorized By: Club Rep and/or
 M.O.D. (Manager On Duty)

 (Printed Name of Parent or Legal Guardian) (Date)

PLEASE PRINT

-Male -Female -Cell -Home

Participant's Name _____ /_____/_____
Date of Birth PHONE # (____)____-____
EMAIL: _____

Address _____ City _____ State _____ Zip _____

- () Yes () No 1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
- () Yes () No 2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
- () Yes () No 3. Do you ever feel pain in your chest when you do physical activity?
- () Yes () No 4. Have you been told your blood pressure was too high?
- () Yes () No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- () Yes () No 6. Are you currently taking prescription medication for your blood pressure or a heart condition?
- () Yes () No 7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

If I answered yes to one or more of these questions, I understand I should talk to my doctor before using the facilities and equipment at Franciscan Health Fitness Centers ("Club") because I may be at a higher risk for injury or adverse health consequences. If I choose not to talk to my doctor before using the facilities and equipment at the Club facilities, I acknowledge that I am choosing not to follow the recommendation of the Club for doctor approval and consultation. The Club and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequences resulting therefrom.

Consent to Photograph: I grant permission to Club to publish and utilize photographs for inclusion in any publication authorized by Franciscan Health Fitness Centers ("Club") and/or Franciscan Alliance, Inc. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to the Club's Business Office. I also understand that personal photos and/or videos can only be taken under the direct supervision of a Club employee and the photos and/or videos can only be taken of themselves or their guardian child as photos and video taping of any other persons within the Club is prohibited on Franciscan Alliance Inc. premises. I agree and understand that photos and videos that are taken by parent/guardian or participant cannot be used for any other purpose other than personal. I also agree to allow Club to use photographs, negatives, images, reprints, and video tapes to be used for print advertising/marketing presentations to the public, through all media, including but not limited to television spots, web sites and/or display units. **The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images.**

COMPREHENSIVE WAIVER AND RELEASE (ADULT)

I am executing this Comprehensive Waiver and Release ("Waiver and Release") in consideration of (a) being permitted to participate in one or more activities associated with the Club (as defined above) and/or (b) being allowed access to all or any part of the Club premises located at 810 Michael Drive, Chesterton, Indiana (the "Club"). I acknowledge that engaging in any physical exercise or activity carries with it risk of personal injury or even death and, to the extent that I engage in any physical exercise or activity at or use any Club facility, I do so at my own risk. This includes, without limitation, my use of any locker room, pool, whirlpool, saunas, weight room, aerobics classroom, parking area, sidewalk or any equipment in the Club and it also includes my participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, death, illness, disease, damage or loss to me or to my property that might result, including, without limitation, any loss, theft of or damage to any personal property.

I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Franciscan Alliance, Inc., Franciscan Health Fitness Centers, MyZone Limited, and any affiliates, tenants, trustees, directors, officers, members, employees, agents, representatives, successors and assigns of any of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This release of liability includes, without limitation, injuries or death which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) my use of any exercise or fitness equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise or fitness equipment or facilities, (c) any Releasee's alleged negligent instruction or supervision, or (d) my slipping, tripping or falling while in the Club or on the Club's premises. This Waiver and Release also includes claims and liability from any cyber security breaches with use of any third party mobile apps and websites. I am waiving any right that I may have to bring a legal action to assert a claim against any Releasee's negligence or other fault. I agree to indemnify each Releasee for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release in the event that I (or anyone acting on my behalf) sue one or more of the Releasees.

I acknowledge and represent that I have read this Waiver and Release. I understand that it affects my legal rights and I represent that I have not relied upon any oral statements or representations of anyone to induce me to sign it. I affirm that I have read, understand and agree to the terms set forth above and I wish to exercise at Franciscan Health Fitness Centers, use its equipment, and/or participate in its programs/services on the terms specified.

(Signature) _____ /_____/_____
(Date)

(Printed Name)

Authorized by: Club Rep and/or
M.O.D. (Manager On Duty)