

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	8:00 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	15 & Over
16	Saturday July 23	7:30 AM	4H 4 Mile Hustle	1.5 Mile	Valparaiso, IN	14 & Under
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](http://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: 05/08/22

# 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					+
<b>ADDRESS</b> _____ <b>CITY, STATE ZIP</b> _____ <b>PHONE CONTACT</b> _____					Less Discounts Applied: _____ -					Plus Optional Donations: Jim Cox Scholarship Fund + Stevens-Hamilton Disabled Runner Fund +					= _____	
					<b>Total Enclosed</b>										= _____	

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.

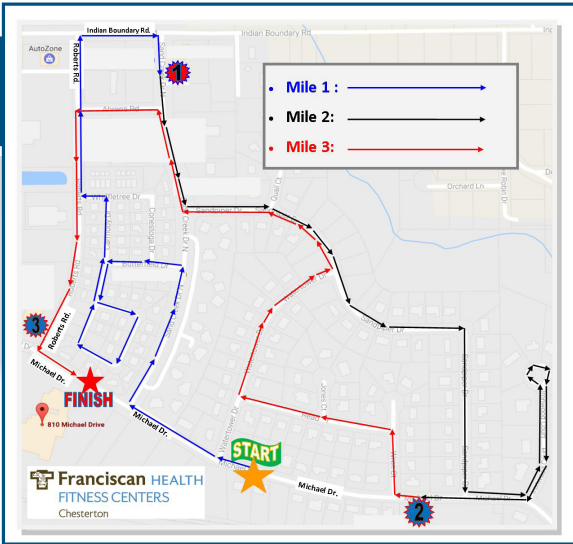
Date: \_\_\_\_\_

# 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](https://FranciscanHealthFitnessCenters.org/firecracker5k)

or contact Race Director, Barbie Pilla 219.983.9832 ext. 219 or [Barbara.Pilla@franciscanalliance.org](mailto: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](https://FranciscanHealthFitnessCenters.org/firecracker5k)**

**PLEASE PRINT**

-Male -Female -Cell -Home

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

Parent/Guardian's Name \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ PHONE # (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
 Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ EMAIL: \_\_\_\_\_

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.*

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**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)

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

\_\_\_\_\_  
(Printed Name)



# BRICKYARD RUN

41<sup>ST</sup> ANNUAL 5 MILE & 5K

★ JULY 2, 2022 ★

Our 5 Mile Run is a Calumet Region Striders Gold Cup Race for ages 15+ and our 5K is a Calumet Region Striders Gold Cup Race for ages 14 and under. Join us for our annual race and compete for the legendary "brick" awards. The race will start at the Hobart Middle School located at 36 E. 8th St., Hobart, Indiana.

Register online or scan the QR Code.

If looking for more race information or have questions contact:

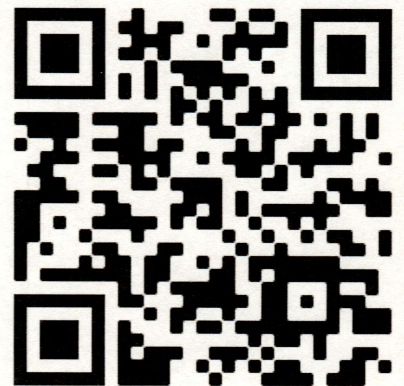
Debbie Rubio, Race Director  
drubio@crymca.org

Cost:

**\$28**

w/shirt

(Shirts NOT guaranteed if registering after June 10)



@ CRYMCA.ORG/BRICKYARDRUN

38th Running

Sponsored by:

# All-American Mile Run



Sun., 7/3, 6:30pm

Pre-register at <https://runsignup.com/allamericanmile> by July 2

- **Pre-Registration Fee:** \$12/runner + transaction fees
- **Race-Day Reg.:** 5-6:15pm near School Town Admin. Building (9145 Kennedy Ave.), \$20/runner (cash only)
- **Shirt:** registration includes T-shirt, while supplies last
- **Shirt/bib pick-up:** race day 5-6:15pm near the start  
Shirts not picked up will be available at Lincoln Center thru 7/31

**USATF certified one mile course (IN13013TDK)**

- **Start:** On Kennedy Ave near intersection with 40th Pl.
- **Finish:** on Highway Avenue near Main Square Park

**Age Divisions** for Male & Female: 8 & under, 9-10, 11-12, 13-14, 15-18, and 5 year increments up to 80+

**Awards** presented following the race at the Main Square Gazebo to the top 3 finishers in age division, overall male / female, overall M / F Master (age 40+), top 3 Athena (170 lbs.+ F) & Clydesdale (210 lbs.+ M)

Fastest male, sub 4-min mile = \$250 prize

Fastest female sub 5-min mile=\$250 prize



Calumet Striders  
Gold Cup Series

**Results:** Chip-timed results posted at [www.thtiming.com](http://www.thtiming.com)

Highland Parks & Rec.

HighlandParks.org

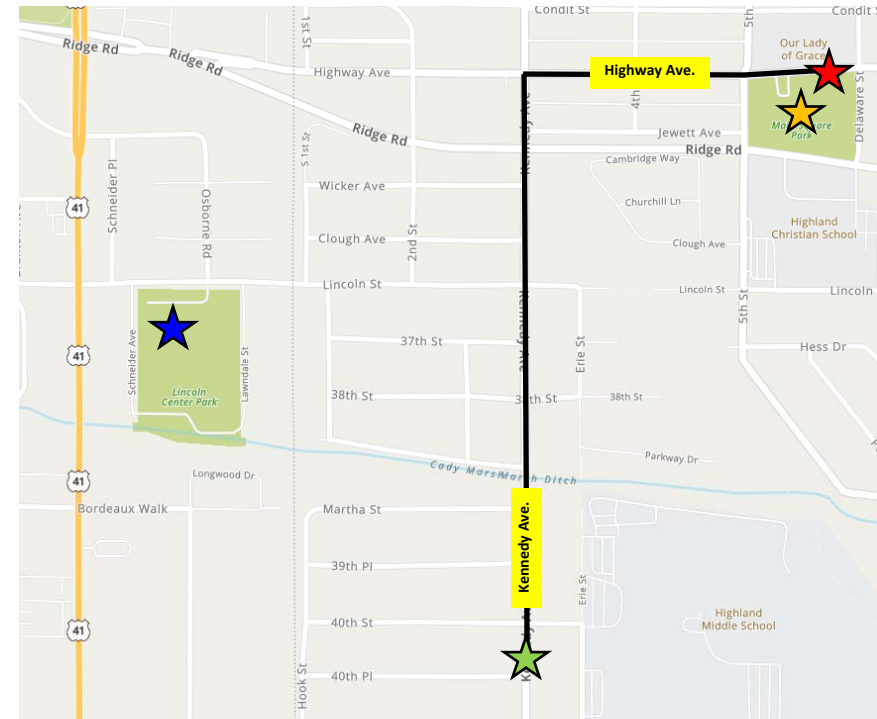
Facebook.com/  
HighlandParks



219-838-0114

2450 Lincoln Street,  
Highland, IN 46322

## THE COURSE



- ★ Recommended parking: Lincoln Community Center (access via Indianapolis Blvd. US-41 to avoid Kennedy Ave. parade / festival congestion). Be prepared to walk to start line and back to vehicle from finish line!
- ★ Start: on Kennedy Ave., near the intersection of 40th Pl.  
Runners travel north on Kennedy Ave., turn right on Highway Ave., and conclude north of Main Square Park.
- ★ Finish: on Highway Ave., in line with main doors of OLG.
- ★ Awards: presented after race at the Main Square Gazebo



The race serves as Highland's Twilight Parade kick-off event with the parade to immediately follow. Stick around after the race to enjoy the Highland 4th of July Fest at Main Square!

MAYOR THOMAS M. MCDERMOTT, JR.

CITY OF  
HAMMOND

ROADIE

5K WALK RUN

FESTIVAL OF THE  
LAKES

[FestivalOfTheLakes.com/events/5K](http://FestivalOfTheLakes.com/events/5K)

SATURDAY  
JULY  
9

IN MEMORY OF COUNCILWOMAN  
KATHLEEN PUCALIK

CALUMET STRIDERS  
GOLD CUP RACE  
STRIDER BUCKS ACCEPTED!

REGISTER AT



[GoHammond.com](http://GoHammond.com)

[TempoRunTiming.com](http://TempoRunTiming.com) OR IN PERSON @ Hammond Sportsplex

6630 Indianapolis Boulevard • (219) 853-7667







# Eight Annual 4-H 4-Mile Hustle

**1.5-Mile Hustle for Healthy Living**  
at the Porter County Fair - Saturday, July 23<sup>rd</sup>, 2022  
The fourth H is Healthy Living! Runners & walkers of all abilities are encouraged to participate!

**Location:**

Porter County Fair (217 E. Division Road, Valparaiso, IN 46383)

**Schedule of Events:**

6:15-7:15 a.m. Registration  
7:30 a.m. 4-Mile Hustle  
7:35 a.m. 1.5-Mile Hustle for Healthy Living  
Awards Ceremony & Refreshments following the race.  
(Times are Central Daylight Saving Time (CDT).)

**Advanced Packet Pick-Up & Registration:**

Packet pick-up begins at 6:15 on race day and will also be available on Friday, July 22<sup>nd</sup> from 11:00 a.m.-6:00 p.m. at: Extra Mile Fitness Company (1330 E. Lincolnway, Valparaiso, IN 46383)

**Entry Information:**

Registration fees (all distances): \$25 with shirt before 7/9/22  
Registration Fees (all distances): \$30 with shirt after 7/9/22  
NO SHIRT: \$4.00 discount off of registration fee  
Pre-Registration Discount \$1.00 for CRS members  
Or register online at [www.thtiming.com](http://www.thtiming.com)  
(Race shirts cannot be guaranteed after July 8. No refunds will be issued for any reason.)

**Results:**

The 4-H 4-Mile Hustle will be electronically timed by T&H Timing. Full results will be posted at: [www.thtiming.com](http://www.thtiming.com)

**4-Mile Hustle Award Divisions:**

Unique 4-H awards for: Top Overall Male & Female, Top Masters Male & Female (age 40+), Top Athena (170+ lbs.), Top Clydesdale (210+ lbs.); Top 3 in the following age groups: 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 & up. Finisher medals for all participants!

**1.5-Mile Hustle for Healthy Living Award Divisions:**

Unique 4-H awards for: Top Overall Male & Female; Top 3 in the following age groups, male & female: 10 & under, 11-12, 13-14, 70-74, 75 and over. Finisher medals for all participants!  
(Unclaimed overall and age group awards and race packets for individuals registered but did not participate in the event may be claimed within seven days following the event at the 4-H Building at the Porter County Fair. After seven days all unclaimed items will be repurposed.)

**Contact Information:**

Joan M. Grott, 4-H Youth Development Extension Educator  
[joangrott@purdue.edu](mailto:joangrott@purdue.edu), 219-465-3555  
Justin Higer, 4-H Junior Leader Advisor  
[jhiger@purdue.edu](mailto:jhiger@purdue.edu)

**Online Registration (Preferred):**

<https://runsignup.com/Race/IN/Valparaiso/4H4MileHustle>  
<https://thtiming.com>



**ONLINE REGISTRATION IS ENCOURAGED! Register online at [www.thtiming.com](http://www.thtiming.com)** or send the following entry form with entry fee to: Porter Co. 4-H 4-Mile Hustle, 155 Indiana Ave., Ste. 301, Valparaiso, IN 46383. Please present in person after 7/14/22 to ensure delivery prior to race.

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Gender:  Female  Male Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Registration Options:

- \$25 4-Mile Hustle with shirt (Before 7/9/22)
- \$25 1.5-Mile Hustle for Healthy Living with shirt (Before 7/9/22)
- \$30 4-Mile Hustle with shirt (After 7/9/22)
- \$30 1.5-Mile Hustle for Healthy Living with shirt (After 7/9/22)
- NO SHIRT: \$4.00 discount off of registration
- Pre-Registration Discount: \$1.00 for CRS members
- Age Group  Clydesdale  Athena

If selecting a shirt option, please indicate size:

Adult Size:  S  M  L  XL  XXL

Youth Size:  S  M  L

(\*Race shirts cannot be guaranteed after July 8, 2022. No refunds will be issued for any reason.)

Were you recruited to participate by a 4-H member? If so, please list their name: \_\_\_\_\_

\$\_\_\_\_ Amount Enclosed (Payable to: Porter Co. 4-H Junior Leaders)

In consideration of being permitted to participate in the 4-H event (the "Activity"), I (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur and assume all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of the Activity sponsors, their representatives and agents, Purdue University, The Trustees of Purdue University and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers and Calumet Region Striders ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, liabilities, losses or expenses, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.
3. I agree to indemnify and hold the Released Parties harmless from and against any and all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, damages, costs or expenses that arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. Furthermore, I hereby grant full permission to the sponsors of the Activity to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion of the Activity or any similar events in the future.

I have carefully read and reviewed this Waiver, Release, Hold Harmless and Consent, which is governed by Indiana law. I understand it fully and I execute it voluntarily.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent or Guardian Signature (if Participant is under age 18 or under a legal disability)

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name



LABC Presents:  
7th Annual – Nick Schultz Live, Love Give  
5K Run/Walk Saturday August 6th, 2022



A CRS Gold Cup Series Race



Please join us for the Sixth Annual Nick Schultz Live Love Give 5K Run / Walk on August 6, 2022 at 8:00 AM. \*\*\*Special 58<sup>th</sup> Place Finisher Award\*\*\* There will be music, T-Shirts (Limited sizes available for Race Day registration). This race will help the Lowell Athletic Booster Club in helping Lowell Student Athletes and the Live, Love, Give – Nick Schultz Memorial Scholarship. This Scholarship was established in honor and as a lasting tribute to Officer Nick Schultz,

“Live” represents the way Nick lived his life by following his dreams of playing football and becoming a police officer.

“Love” symbolizes the way Nick loved and cherished his family, friends, profession, school and community.

“Give” signifies how Nick’s legacy lives on through organ donation.

**ONLINE AND RACE DAY REGISTRATION**

**Course:** This 5K Run/Walk is a flat fast course that starts on Bel Aire Dr. next to Dairy Queen and continues West on Jeffrey Dr. to Crestline Dr. then left (West) on Douglas drive and right (North) on Burr Street. A right turn (East) on 175<sup>th</sup> and left (North) on Mount St and a right on 173rd Ave, and the course leads out of residential to the beautiful rural setting on the North side of Lowell past Red Wing lake. A right on Holtz Rd. at the 2 mile mark leads you to the “NEW” finish line on the “58” Yard Line of the Football Field!! The route is paved and covers the scenic rural north side of Lowell.

**When:** August 6th 2022 , 8:00 A.M.

**Early packet pick up will be available at Lowell High School NORTH LOT Door 21 on Friday August 5th from 5-9 pm**

**Race Day registration will be held at Lowell High School NORTH LOT by the football stadium from 6-7am**

**Where:** Lowell High School NORTH Lot

**Awards:** Presented after the 5K Run/Walk. Trophies for Overall Male and Female finishers, and Overall Male and Female Masters finishers. 1st, 2nd, and 3rd place awards for age group and Clydesdale and Athena divisions. **Age**

**Groups:** 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+, RDP Kids Dash: For kids 8 and under mail in or register on race day. No online registration.

**T-Shirts:** Guaranteed sizes to all pre-registered runners and walkers. T-Shirts will be available on race day until gone. Sizes not guaranteed on race day.

**Directions To Lowell High School - 2051 E. Commercial Ave, Lowell, IN, 46356:** From Route 41: Take Route 2 East through Lowell to Holtz Road The high school is on the northwest corner of Route 2 and Holtz Road. Turn Left on Holtz Road then Left into North School parking lot. There will be some parking in the front (south) school parking lot and parking in the back (North) school parking lot. From Route 65: Take Route 2 West to Holtz Rd. The high school is on the northwest corner of Route 2 and Holtz Rd. Turn Right on Holtz Rd then left into North School parking lot. There will be some parking in the front (south) school parking lot and parking in the back

# 7<sup>th</sup> Annual – Nick Schultz Live, Love, Give 5K Run/Walk 8/6/2022

**Register On-line at: [runsignup.com/Race/IN/Lowell/NickSchultzLLG](http://runsignup.com/Race/IN/Lowell/NickSchultzLLG) or mail**

**to:**

Nick Crago Race Director  
2051 E. Commercial Ave  
Lowell, IN, 46356  
Contact Phone: 219-477-8198

**ONLINE AND RACE DAY REGISTRATION**

Individual Registration:		Family Registration Discounted Price:	
_____ 5K Run _____ 5K Walk	\$30 _____	Family of 2	\$50 _____
\$2 Pre-registration Discount	- _____	Family of 3	\$70 _____
\$2 Gold Cup Discount (Code)	- _____	Family of 4	\$90 _____
\$2 No T-Shirt Option	- _____	(Includes T-Shirt)	
Total	\$ _____	Total	\$ _____

**\*\*\*Family Discount Registration Note:\*\*\* Each individual must fill out a separate registration form as times are by individual.\*\*\***

**\*\*\*Family Pricing saves on average 20% per person**

**Other discounts (pre registration, Gold Cup & No T Shirt) are not applicable when using the Family Discount\*\*\***

**Make Checks Payable to :**

**LABC (Lowell Athletic Booster Club)  
2051 E Commercial Ave. Lowell, IN, 46356**

Shirt Size: S M L XL XXL                      Sex: M F

Choose One If Eligible: Clydesdale (210lbs+)/ Athena (170lbs+) - Not eligible for Age group Divisions if choosing Clydesdale or Athena division!

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Waiver:

I know that participating in this event is a potentially hazardous activity. I understand I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the 5K run/walk. I assume all risks associated with running or walking this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and humidity, traffic and the conditions of the road., all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of being the LABC (Lowell Athletic Booster Club) accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the LABC (Lowell Athletic Booster Club) and its officers and agents, directors, employees and volunteers, the Calumet region Striders, Lowell High School, and all other sponsors, and their representatives from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any record of this event for any legitimate purpose.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*While it would make the race easier please—No Bicycles, inline skates, roller blades, scooters or other wheeled vehicles in the race. Wheelchairs and strollers are allowed.\*\*

\*\*\* Special 58<sup>th</sup> Finisher Award\*\*\*