



# 1<sup>st</sup> Annual Run Like A Warrior 5k Run/Walk



**Saturday, April 4 – 7:30 am**  
**Jupiter Community High School Velocity Stadium**  
**Proceeds Benefit the JHS Boys and Girls Lacrosse teams**

## REGISTRATION FORM

### COURSE

Road race beginning at JHS and finishing on the track in Velocity Stadium ~ USTAF certified course race and chipped timed finish organized by MCM Timing.

### ENTRY FEE

\$25 Pre-Registration/\$30 Day of Event

Race T-shirt to the first 275 registered.

All proceeds benefit the JHS Boys & Girls Lacrosse

Teams with 10% of profits being donated to the  
Renewal Coalition.

### AWARDS

Overall male/female winner; Top 3 male/female in each  
age category.

### REGISTRATION

Sign up online at Active.com OR mail entry form with  
cash or check payable to: Jupiter High School.

Mail this form and payment to:

Jupiter High School, Attn: Lacrosse

500 Military Trail

Jupiter, Florida 33458

### PACKET PICKUP

Packet pickup will be on Wednesday, April 1 and  
Thursday, April 2 at Jupiter High School Velocity  
Stadium from 4:00 – 7:00 pm.

### FOR MORE INFO CONTACT:

Lisa Holland at 772-631-6611 or [lisa@teamholland.com](mailto:lisa@teamholland.com)

## Entry form (please write clearly)

First & Last Name: \_\_\_\_\_

Gender (circle): M F      Race Day Age: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ SHIRT SIZE    Youth: S M L XL      Adult: S M L XL

Referred by JHS Lacrosse member: \_\_\_\_\_

I hereby express and affirmatively state that I, or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risk of injury, including but not limited to loss of future earning capacity,, loss or damage to personal property, various degrees and severity of injury, all other possible risks of injury and even death which occur by reason of me/my child's participation and release Jupiter High School, MCM Timing and its agents and employees there from. I intend to be legally bound , and do hereby, for myself, my heirs, and executors, waive and release any and all rights and claims for damages, which I may have or which may hereinafter accrue to me. If I, or participant I represent, should suffer injury or illness I authorize officials of the race to use their discretion to be transported to a medical facility and I take full responsibility for this action. I voluntarily choose to participate, or allow my child to participate, or allow my child to participate, assuming all risks. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any record for this event for any purpose.

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

Parent Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

\*Make checks payable to: Jupiter High School