



# knights of columbus

Fr. Francis J. Diamond Council #6292



# Knights of Columbus 5K Blue Ribbon Run and 1-Mile Family Fun Run

*In conjunction with the St. Leo the Great PTO*



8:00 AM  
Saturday  
May 5, 2007  
Van Dyck Park  
Fairfax, VA

- Start/Finish:** At Van Dyck Park Pavilion, between St. Leo the Great Elementary School and Fairfax City Police Station on Old Lee Highway (see website for directions)
- Course:** USATF Certified 5K Course (VA00013RT) and Marked 1-Mile Fun Run
- Early Packet Pickup:** Thursday, May 3, 2007: 4:00-8:00 PM at **Providence Hall:** 3702 Old Lee Highway, Fairfax, VA (behind St. Leo the Great Catholic Church); (703) 385-8007 **AND** Friday, May 4, 2007: 4:00-8:00 PM at **Metro Run & Walk:** 7516 Leesburg Pike, Falls Church, VA; 703-790-3338
- Race Day Pickup:** 6:30-7:30 AM at Van Dyck Park
- 5K Race Awards:**
- ▶ Top 3 males and females overall
  - ▶ Top 3 males and females in age groups (5-year increments). See website for age breakouts.
  - ▶ Plus General Door-Prize Drawings after race.
- 1M Race Awards:**
- ▶ Ribbons to the top 5 family fun runners (for those under 16)
- Entry Fees:** \$18 by 04/27; \$20 after 04/27; \$25 on Race Day; \$10 Students 12th grade and lower  
Cool T-Shirts for the first 250 entrants (possibly more depending on final registration numbers)
- Pasta Night:** Pre-race dinner on Friday, May 4; 6-8 PM at Providence Hall  
\$10 per person or \$30 per family  
Pasta Dinner provided by the Knights of Columbus

Clip and use registration form below or register online at: <http://6292.kofcva.org/5K/2007KofC5K.htm>

<p><input type="checkbox"/> Yes, I WILL attend the Pasta Night on Friday, May 4<sup>th</sup> \$10 per person or \$30 per family 6:00 PM – 8:00 PM * Pay separately the night of the dinner</p>	<p><b>Race is 8:00 AM on Saturday, May 5, 2007</b> Entry Fee: \$18 by 04/27; \$20 after 04/27; \$25 Race Day; \$10 Students 12<sup>th</sup> grade and lower Race day registration: Saturday May 5, 2007 6:30 to 7:30 AM Make checks payable to: <b>Knights of Columbus</b> Mail to: <b>Knights of Columbus 5K, PO Box 431, Fairfax, VA 22038-0431</b></p>
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Please Check One:  5K Race  1Mile Fun Run

Racer's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Sex: M or F (circle)

E-Mail: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

KofC Member  St. Leo Parent  St. Leo Faculty/Staff  St. Leo Student  Other  T-Shirt Size: **S M L XL**

**Liability Waiver must be signed prior to entering race.**

I know that running can be a potentially hazardous activity. Before engaging in any physical activity of this nature, I know I should consult with my physician. I should not enter and run in the race unless I am physically able and trained. I agree to abide by any decision of a race official. I assume all risks associated with running, including but not limited to falls, weather conditions, contact with other participants, the effects 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, I, for myself and anyone entitled to act on my behalf, waive and release the Catholic Diocese of Arlington, St. Leo the Great Elementary School and PTO, St. Leo the Great Catholic Church, Father Diamond Council #6292 of the Knights of Columbus, Metro Run and Walk, USATF, the City of Fairfax, active.com plus all event partners, sponsors and volunteers, their employees, agents, representatives and successors (collectively "the Sponsors"), from all claims and liabilities of any kind arising out of or relating to my participation in this race on the part of the Sponsors and I agree to limit any claim to the insured limits of the Sponsors. I grant permission to any of the foregoing to use any photograph, motion picture, or any other record of this event for any legitimate purpose without compensating me. I am the parent/legal guardian of the participant and by my signature, agree to be bound by and responsible for all provisions of this liability/waiver, on behalf of ourselves, the participant and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the participant. I consent to the participant's execution of this liability/waiver and participation in the activities described.

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

Signature of parent/guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_