

2nd annual **FROG-HOP FIVE** 5K RUN/WALK

This is a **Thrivent Action Team Event**.

Proceeds will benefit Birthright of Rensselaer
and American Foundation for Suicide Prevention, Indiana District

When? Saturday, April 27, 2019, 8:30 CT

Race day check-in and registration 7:30 - 8:15 CT

Where? Foster Park, corner of South Benton St. and US 24 (Jasper St.),
Goodland IN

Who? Runners and walkers of all ages. Most age groups are in 5-year increments.

Why? In loving memory of Levi Mueller who passed away unexpectedly on April 6, 2017,
at the age of 15 years.

T-shirt deadline: April 8, 2019

Race sponsor: Trinity Ev. Lutheran Church, Goodland, IN

Professional Chip Timing Services provided by RACE TIME!



YOU CAN REGISTER ONLINE AT

raceroster.com/events/2019/22100/frog-hop-five

FROG-HOP FIVE Registration Form

Name _____ Age on April 27 _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Birthdate ____/____/____ Sex: M
F

E-Mail _____

Shirt Size ADULT: S M L XL XXL XXXL YOUTH: S M L XL

If you have any questions, please call Diane @ 219-629-3593

Please submit a check for \$25 payable to Trinity Ev. Lutheran Church and mail to
Diane Costello, Race Director
1005 E 10th St
Fowler, IN 47944

***** Our liability insurance excludes ALL DOGS with the exception of certified service animals!!!****

*****If you do NOT wish to register but would like a FROG-HOP FIVE t-shirt, please submit
\$15 per shirt.*****

Waiver: Please read before signing!!!

In consideration of your acceptance of this entry, I hereby for myself, executors, and administrators waive any and all rights and claims for damages I may have against the event committee and all others involved with this race, including but not limited to race organizers or sponsors, for any and all injuries suffered by me in connection with said events, including pre and post activities. By my signature, I acknowledge that I have read and understand these terms and conditions. I attest and verify that I have full knowledge of the risks of this event. I am physically fit and sufficiently trained to participate.

Signature

Parent signature if under 18

Date

Emergency name & phone number: