

Presented by Mayor Thomas M. McDermott Jr.

# Kathleen Pucalik Memorial



**Saturday July 20, 2019**  
**Aquatic Play Center  
at Wolf Lake Memorial Park  
2100 Calumet Avenue  
Hammond, IN**  
  
**Registration: 7:00am**  
**5K Race Begins: 8:00am**  
**Free Children's Race Begins: 8:15am**

# Registration form



**Awards will be presented to  
1st, 2nd and 3rd overall (men and women)  
and 1st for each finishers  
in the following age groups:**

8 and under; 9-11; 12-14; 15-18; 19-24; 25-29; 30-34;  
35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 and over

**\$20 Early Registration\***  
**\$25 Day of Race Registration**

*\* Racers Pre-registered by July 7 are guaranteed T-shirts. Shirts to racers after July 7 and on day of race are subject to availability.*

**Please send all  
registration  
forms to the:**

Hammond Park Dept.  
5825 S. Sohl Avenue  
Hammond, IN 46320  
219-853-6504 Fax

For more info call:  
**219-853-6378** or go to **festivalofthelakes.com**

## 2019 5K Run & Walk Registration Form

(Please Print)

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ \*Gender: { } Male { } Female

Full Time Hammond City Employee: Yes No \*Dept. (if yes) \_\_\_\_\_

**Circle One:** 5K Run 5K Walk Children's Race

T-Shirt Size: Adult: S M L XL \*Child: M L

## Waiver Statement (Must be signed)

I attest and verify that, the undersigned, intending to be legally bound, hereby, for myself and 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, 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 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)

**Please cut out and mail completed form along with payment.**