



Spirit Run – Presenting Sponsorship Level

For \$1,000.00 your company's logo placed on top of sponsorship listings. Also includes 10 entries. Company listed in Parish Annual Report and Stewardship Report.

Race Date: October 24-31, 2020

Company Name _____

Contact email _____ Contact Phone Number: _____ Address: _____

| <u>Last Name</u> | <u>First Name</u> | <u>Male or Female</u> | <u>Age(as of 10/26/19)</u> | <u>St. Andrew Alumni</u> | <u>Year Graduated</u> | <u>5K-Walk/5K-Run/Fun Run</u> |
|-----------------------------------|-------------------|-----------------------|----------------------------|--------------------------|-----------------------|-------------------------------|
| 1st Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 2 nd Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 3 rd Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 4th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 5th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 6th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 7th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 8th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 9th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |
| 10th Entry (Full name) | _____ | _____ | _____ | Yes - No | _____ | _____ |

WAIVER: I know that running in a foot race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any and all decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running participants, the effects of weather, including high heat and humidity or extreme cold, traffic and conditions of the trail, all such risks being known and appreciated by me. In consideration of granting the undersigned permission, having read this waiver, I, for myself and anyone entitled to act on my behalf, waive, release and forever discharge the Archdiocese of Philadelphia, St Andrew Parish, Upper Darby Township, the Race Committee and Run the Day, their officers, directors, employees, sponsors, their representatives and successors and volunteers from all claims or liabilities of any kind arising out of my participation in this event. I further grant permission to all the foregoing groups to use any photographs, motion pictures, recordings or other record of this event for any legitimate purpose, without compensation.

WAIVER MUST BE SIGNED **Signature:** _____ **(Parent/Guardian must sign if under 18 years of age)** **Date:** _____

Please mail this form and your check to: **St. Andrew Spirit Run 5K, 535 Mason Ave., Drexel Hill, PA, 19026 | Entry due by October 20, 2020**