

Franciscan Omni Health & Fitness Chesterton 5k Run/Non-Competitive Walk

Firecracker 5K

Saturday,
June 17th, 2017

Gold Cup Elite Race

The Firecracker 5k is a **Gold Cup Elite Series Race** with the **Calumet Region Striders of NWI** for the 2nd year in a row!

7:30am START TIME:

Race day registration will be held at Omni Chesterton from 6:00-7:00am.

Course:

The course is a flat route through the neighborhood adjacent to Omni Chesterton and will be the same route as 2016. Minimal parking is available onsite. Additional parking will be available at the Chesterton Health & Emergency Center just North of our facility. No strollers or pets permitted on course. Start line is East of the club on Michael Drive.

Awards:

Prizes awarded to:

- Overall & Masters winners
- Top (3) Athena & Clydesdale
- Top (3) Male/Female, finishers in each age group.



Raffle Prizes: The Firecracker 5k is known around the region as having the best assortment of Raffle Prizes! Restaurant Gift Certificates, Massages, Gift Baskets, etc. All race participants get entered to win!

OVER \$1000 in PRIZES to be given away!

RFID Ultra Timing System:

Provided by T & H Timing with results posted at the finish line & at www.thtiming.com post race.

Apparel/Goody Bags:

Guaranteed for pre-registered participants only. Early packet pick-up will be available at Omni Chesterton on Thursday, June 15th from 5:00-8:00pm.

Water/Refreshments:

A water station will be located at Mile 1 and 2 on course. Refreshments and water will also be available at the finish line post race.

Split times will be called out at each mile.

Age Divisions:

0-8	19-24	45-49	70-74
9-10	25-29	50-54	75-79
11-12	30-34	55-59	80+
13-14	35-39	60-64	
15-18	40-44	65-69	

Franciscan Omni Health & Fitness-Chesterton:

Located at 810 Michael Drive. Parking, packet pick up, awards and information will be available onsite. Recommended parking is at the Chesterton Health & Emergency Center if needed.



To see the full course please visit:

<http://www.mapitnow.com/?maproute=156246>

**All race participants are welcome to use our locker rooms post race; shower, whirlpool and dry saunas included.*

DIRECTIONS:

From 1-94: Exit 26 IN 49 South to Indian Boundary Road, turn left; continue to Roberts Road, turn right; continue to 810 Michael Drive.

From Toll Road: Exit 31 IN 49 North to Indian Boundary Road, turn right; continue to Roberts Road, turn right; continue to 810 Michael Drive.



Franciscan

OMNI HEALTH & FITNESS

Chesterton • Schererville

810 Michael Drive - Chesterton, IN
(219) 983-9832



FranciscanAlliance.org/Omni

For more information, please contact
Race Director - Ashlee Johnson at
(219) 983-9832 ext. 210 or via email at
ashlee.johnson@franciscanalliance.org.





Pre-Registration Entry Fee:
March 1st - June 3rd
Postmarked by June 3rd, 2017
\$25 Includes Apparel
\$20 No Apparel
\$2 Pre-Registration discount for Omni Health & Fitness Members or Cal Striders - Discounts not honored on Race Day!
June 4th - Race Day Registration:
\$30 Includes Apparel (upon availability)
\$25 No Apparel
**No refunds for weather emergencies.*

**** Online Registration ****
www.thtiming.com
Online Registration available until 4pm on Friday, June 16th.
Select Upcoming Events for the Firecracker 5k.

Please send completed registration form/waiver & check made payable to:
 Omni Health & Fitness
 810 Michael Drive, Chesterton, IN 46304
(Must be postmarked by June 3rd, 2017)

CRS GOLD CUP SERIES RACE REGISTRATION FORM - Please print and complete in full to ensure registration.

Name: _____ **Address:** _____
City: _____ **State/Zip:** _____ **Age on race day:** _____ **Gender:** Female ___ Male ___
Athena (Women 170lbs+) _____ **Clydesdale (Men 210lbs+)** _____ **Phone/Cell:** _____

Email: _____ **Entry fees MUST be postmarked by Saturday, June 3rd, 2017 to get discounted rate.**
After June 3rd, 2017 - Online or Race Day Registration ONLY. (Fees will increase to \$30 w/ Apparel/\$25 No Apparel)

___ **\$25** Pre-Registration w/ apparel ___ **\$20** Pre-Registration w/o apparel ___ **\$2** Discount for Omni Members or Cal Striders (max discount \$2/person)
 Total amount enclosed: \$ _____ Shirt size: S M L XL XXL

COMPREHENSIVE WAIVER & RELEASE (ADULT)

See website for Minor waiver (Under 18yrs). Visit: FranciscanAlliance.Org/Omni, under the Activities and Events Tab you will find our Minor Waiver. Please print and mail in with your race registration form.

- Yes No 1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
- Yes No 2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
- Yes No 3. Do you ever feel pain in your chest when you do physical activity?
- Yes No 4. Have you been told your blood pressure was too high?
- Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No 6. Are you currently taking prescription medication for your blood pressure or a heart condition?
- Yes No 7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

If I answered yes to one or more of these questions, I understand I should talk to my doctor before using the facilities and equipment at Franciscan Omni Health & Fitness ("Omni") because I may be at a higher risk for injury or adverse health consequences. If I choose not to talk to my doctor before using the facilities and equipment at the Omni facilities, I acknowledge that I am choosing not to follow the recommendation of Omni for doctor approval and consultation. Omni and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequences resulting therefrom.

Consent to Photograph: I (or parent/guardian if member is under 18 years of age) grant permission to Club to publish and utilize photographs for inclusion in any publication authorized by Omni, Franciscan St Margaret Health-Hammond and Dyer, Franciscan St. Anthony Health-Michigan City and/or Franciscan Alliance, Inc. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to Omni's Business Office. I (or parent/guardian if member is under 18 years of age) also understand that personal photos and/or videos can only be taken under the direct supervision of a Club employee and the photos and/or videos can only be taken of themselves or their guardian child as photos and video taping of any other persons within the Club is prohibited on Omni premises. I agree and understand that photos and videos that are taken by parent/guardian or participant cannot be used for any other purpose other than personal. I (or parent/guardian if member is under 18 years of age) also agrees to allow Club to use photographs, negatives, images, reprints, and video tapes to be used for print advertising/marketing presentations to the public, through all media, including but not limited to television spots, web sites and/or display units. **The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images.**

I (or parent/guardian if member is under 18 years of age) am executing this Comprehensive Waiver and Release ("Waiver and Release") in consideration of (a) being permitted to participate in one or more activities associated with Omni (as defined above) and/or (b) being allowed access to all or any part of the Omni premises located at 221 U.S. Hwy 41, Schererville, Indiana and 810 Michael Drive, Chesterton, Indiana (the "Club"). I acknowledge that engaging in any physical exercise or activity carries with it risk of personal injury or even death and, to the extent that I engage in any physical exercise or activity at or use any Club facility, I do so at my own risk. This includes, without limitation, my use of any locker room, pool, whirlpool, sauna, steam room, cardio theatre, weight room, aerobics classroom, racquetball court, basketball court, tennis court, baseball area, parking area, sidewalk or any equipment in the Club and it also includes my participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, death, illness, disease, damage or loss to me or to my property that might result, including, without limitation, any loss, theft of or damage to any personal property.

I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Franciscan Alliance, Inc. d/b/a Franciscan Omni Health & Fitness-Chesterton and Schererville and d/b/a Franciscan St. Margaret Health-Hammond and Dyer, and d/b/a Franciscan St. Anthony Health-Michigan City, Rehabilitation Institute of Chicago, Morris Baseball LLC, Roelab Athletic Instruction, Parisi Franchise Systems, LLC and any affiliates, tenants, trustees, directors, officers, members, employees, agents, representatives, successors and assigns of any of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This release of liability includes, without limitation, injuries or death which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) my use of any exercise or fitness equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise or fitness equipment or facilities, (c) any Releasee's alleged negligent instruction or supervision, or (d) my slipping, tripping or falling while in the Club or on the Club's premises. I am waiving any right that I may have to bring a legal action to assert a claim against any Releasee's negligence or other fault. I agree to indemnify each Releasee for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release in the event that I (or anyone acting on my behalf) sue one or more of the Releasees.

I acknowledge and represent that I have read this Waiver and Release. I understand that it affects my legal rights and I represent that I have not relied upon any oral statements or representations of anyone to induce me to sign it. I affirm that I have read, understand and agree to the terms set forth above and I wish to exercise at Franciscan Omni Health & Fitness, use its equipment, and/or participate in its programs/services on the terms specified.

Signature: _____ **Date:** ___/___/___ **Printed Name:** _____