

# WALK IN THEIR FOOTSTEPS



A 2.5 Mile Walk & 5K Run **RACE FOR AWARENESS**



**St. Vincent DePaul**  
Mission of Waterbury

Saturday—October 21, 2023—City Hall—Waterbury, CT  
Parking available behind Library, on-street and municipal lots on Field Street.

2.5 Mile Walk—10:00am      5K Race—11:00am  
Check In—45 Minutes Prior

Post Event Awards Ceremony & Celebration  
Each Participant will receive a complimentary T-Shirt, Hot Dog & Beverage

\$10/Walker Over Age 18      \$25/Runner

On-line Registration Available at  
[www.SVDPmission.org](http://www.SVDPmission.org)  
Please make checks payable to St.  
Vincent DePaul Mission of  
Waterbury, Inc.

For more information, contact  
203.754.0000 or  
[fnido@SVDPmission.org](mailto:fnido@SVDPmission.org)

## Registration Form

(Register by October 6th. Individual Form Required for each Runner. Walkers may register together.)

Walk

Race

Runners Only:    Age on Race Day: \_\_\_\_\_    Sex:     Male     Female    Bib# \_\_\_\_\_

Name(s): \_\_\_\_\_ Under 18?  Yes

Email: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

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

Shirt Size:    Adult:  Small     Medium     Large     X-Large     2XL

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

Fee Enclosed:     Walker over 18 ( \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_ )     Runner ( \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_ )

**Liability Waiver & Consent Statement :** I know that running or walking may be potentially hazardous to my health if I am not physically or medically fit. I should not enter to walk or run unless I am physically fit, medically able, and properly trained. I agree to abide by any decision of a race or event official relative to my ability to safely complete the run or walk for which I have entered. I hereby certify I am in good health, and I have trained to run or walk the distance required in this event. I assume all risks associated with walking or running in this event, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in considering my entry into this event, I, for myself and anyone entitled to act on my behalf waive and release the St. Vincent DePaul Mission of Waterbury, Inc., their officials, directors, agents, volunteers, employees, sponsors, and their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose.

I and all members of my family named on this form have read and agree with the terms of the Liability Waiver & Consent Statement above. We agree to abide by the rules of the Event and comply with directions given by Event Leaders.

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

Parent/Guardian Signature if under age 18: \_\_\_\_\_