

SECOND ANNUAL

TOMMY LAUDANI DELONE DASH

5k or 3k Trail Run at Beautiful Codorus State Park Marina in Hanover, Pa.

SAT., JUNE 1, 2019

REGISTRATION FROM 7:30- 8:45 A.M.

RACE BEGINS AT 9 A.M.



Come out and run the home course of Delone Catholic's Cross Country Team on the beautiful trails of Codorus State Park. 100% of profits will go to three great groups.

60% The Tommy Laudani A.C.E. Award. A.C.E- stands for Accepting the Challenge of Excellence.

20% Runners with a reason XC camp.

20% Delone Athletic Association

Registration Fee: before May 17, \$25; after May 17, \$30

Register online: <https://runsignup.com/Race/PA/Hanover/TommyLaudaniDeloneDash>

Register by mail: Send paper registration to: 140 South Oxford Ave, McSherrystown, PA 17344

Prizes awarded to top 3 overall in 5k Male and Female.

Medals awarded to 1st, 2nd and 3rd in each age group, male and female.

5k Race:

Overall

ages 0-12

ages 12-18

ages 19-29

ages 30-44

ages 45+

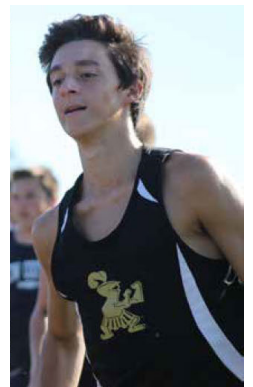
3k Race:

Top three boys

and girls ages

12 & under

Tommy Laudani passed away in 2018 after a courageous two-year battle with a rare cancer called DSRCT. Tommy was a member of the Delone Catholic Cross Country and Track Teams. He is remembered for his love of sea life, his sarcastic humor, his food postings, for being a great person, and much more.



140 South Oxford Avenue, McSherrystown, Pa 17344, 717-637-5969 - www.DeloneCatholic.org



THE SECOND ANNUAL TOMMY LAUDANI DELONE DASH SPONSORSHIP LEVELS



___ \$2000 - We will advertise the race as, "The Delone Dash Sponsored by (Your Organization) and other donors for the following year".

___ \$1000 - Large company name and logo on banner , large name on shirt, 5 entries into race.

___ \$500 - Company logo on banner at race, company name on shirt, and 4 entries into race.

___ \$250 - Company logo on banner at race, company name on shirts, and 1 entry into race.

___ \$150 - Company logo on banner at race and 1 entry into race.

Company: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Email company logo to RichardZinn7@yahoo.com. Checks can be made payable to "Delone Catholic Athletic Association" and sent to Delone Catholic High School 140 South Oxford Avenue McSherrystown, PA 17344

OTHER DONATIONS WE NEED:

Please let us know if you can help with the following (put an x next to the item):

- ___ Drink items (water, Gatorade) for the Start and Finish Line.
- ___ Fruit for the Finish Line.
- ___ Snacks for the Finish Line.
- ___ Give away items for race bags such as pens, pencils, hand sanitizer, tissues, chap stick, and etc.
- ___ Prizes for race winners and raffles - such as gift certificates, gift cards, cash donations, and large food items like pie or gift baskets.
- OTHER: _____



TOMMY LAUDANI DELONE DASH REGISTRATION FORM AND RELEASE DOCUMENT



REGISTRATION FORM

*Indicated required fields

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Email Address: _____

*Phone Number: _____ *Age: _____

*Gender: _____

*Emergency Contact Name: _____

*Emergency Contact Number: _____

Medical Information: _____

IF REGISTERED BEFORE MAY 17, THE COST OF THE RACE IS \$25
THIS COST INCLUDES SHIRT, RAFFLE ENTRY, AND RACE GOODIES
BAG.

*Race Selection: Please mark which race you are registering for:

___ 5k Trail Run

___ 3k Walk/Run

Shirt Size: Race Shirts guaranteed to those registered by May 17

Adult: ___XS ___S ___M ___L ___XL

To register online and pay via credit card please visit:

<https://runsignup.com/Race/PA/Hanover/TommyLaudaniDeloneDash>

Checks can be written to the Delone Catholic Athletic Association, signed forms
and check can be given to the school at:

140 South Oxford Avenue McSherrystown, PA 17344

ALL PARTICIPANTS MUST SIGN RELEASE ON REVERSE SIDE



TOMMY LAUDANI DELONE DASH 5K/3K TRAIL RUN



RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

By signing this release, I waive any and all rights and claims I may have against Integrity Racing, Delone Catholic, Codorus State park, and organizers and volunteers. This release must be signed prior to participating and/or using any part of the facility. This is a complete and total release of any and all claims against any of the above mentioned parties, arising out of the use of the facility or participation in the trail run.

NOTICE OF RISK

I understand that walking or running in a trail environment can be dangerous and there is a risk of physical injury.

These dangers and risks include, but are not limited to injuries resulting from or due to, variations in pitch and terrain, hidden and obvious obstacles such as rocks, ditches, culverts, bumps, stumps, logs, forest debris and other forms of natural and man-made conditions and obstacles on and/or off designated trails, as well as injuries caused by my own negligence, inexperience, physical condition or the negligence of others. I acknowledge that trail conditions vary constantly as a result of weather, resort construction and use. I further acknowledge and accept all of the inherent and other risks of participation.

ASSUMPTION OF RISK

Acknowledging the inherent and other risks involved, I agree to accept and assume for myself and/or my minor child all of the risks associated with participation in this event.

RELEASE OF LIABILITY

In consideration of the use of the facility, I HEREBY AGREE NOT TO SUE AND TO RELEASE DELONE CATHOLIC HIGH SCHOOL AND INTEGRITY RACING INCLUDING THEIR AGENTS, EMPLOYEES, AND THE EVENT ORGANIZERS AND VOLUNTEERS FROM ANY CLAIM, PAST, PRESENT OR FUTURE WHICH MAY ARISE AS A RESULT OF THE USE OF ANY OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE, IMPROPER CONDUCT OR ANY OTHER CAUSE ENFORCEABLE BY LAW, ON THE PART OF THE EVENT. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME FROM ANY CLAIM RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE ON THE PART OF LISTED PARTIES.

I further agree that in consideration of being allowed to participate I am granting the event permission to use my/my child's photograph, videotape, motion picture or any other record of my use of the facility for legitimate business purposes.

I agree that all disputes arising under this release and/or from my or my minor child's use of the facilities shall be litigated exclusively in the Court of Common Pleas of York County, PA or in the United States District Court for the Middle District of Pennsylvania. If any provision of this agreement is determined to be unenforceable, all other provisions shall be given full force and effect.

Name: _____ Child's Name: _____

Address: _____

Phone: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(The signature of one parent/guardian, binds both, in reference to this agreement)