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

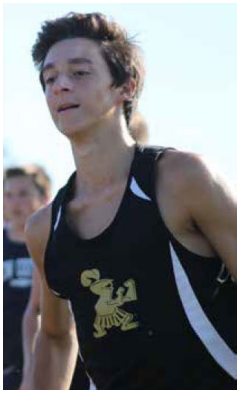
Register online: https://runsignup.com/Race/PA/Hanover/TommyLaudaniDeloneDash
Register by mail: Send paper registration to: 140 South Oxford Ave, McSherrystown, PA 17344

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, McSherrytown, 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 feilds

*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, physicial 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.

RELE ASE OF LIABILITY

In consideration of the use of the facility, I HEREBY AGREE NOT TO SUE AND TO RELE ASE DELONE CATHOLICH HIGH SCHOOL AND INTEGRETY RACING INCLUDING THEIR AGE NTS, EMPLOYEES, AND THE EVENT ORGANIZERS AND VOLUNTEE RS 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 REL ATED TO MY OR MY CHILDS 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: _____ Childs Name: _____

Address: _____

_____

Phone: _____

Participants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

RZ 3/19