



HometownHappenings.net

Hub City Half & 5K

Sunday, Sept 19th, 7:30 am/8 am
Lake Co. Fairgrounds
889 S. Court St., Crown Point

Directions: From Downtown Square, South on Court St. to Park

SPECIAL FEATURES:

- **EARN your Medal in our 3-Medal Challenge!** .
- **Wicking shirts** to all participants registered by Sept.8th..
- **Chip start timed race.** Half is **USATF Certified**
- **Top Overall, Top Master & Top 3** in each age group for Half/5K
- Stations w/ **water, sports drinks & gels.**
- **DJ Music & post race snacks.**

Register at HometownHappenings.net or mail form with check to:
Hometown Happenings, P.O. Box 1225, Crown Point, IN 46308

2021 Hub City Half: Thru June 30th: **\$55**
July 1st - Sept 8th: **\$65**
Sept. 9th - Event Day: **\$65 (no shirt)**

2021 Hub City 5K: Thru June 30th: **\$30**
July 1st - Sept 8th: **\$35**
Sept. 9th - Event Day: **\$35 (no shirt)**



Proud Member of **CRS Gold Cup Series!** Use code
“**GoldCupHalf**” = \$5 off Half. “**GoldCup21**” = \$2 off 5K
Questions? Email: Tim@YourHometownEvents.com

“To give anything less than your best is to sacrifice the gift” ~ Steve Prefontaine

___ **Hub City Half:** Thru 6/30th: **\$55.** 7/1 - 9/8: **\$65.**
9/9 - Event Day: **\$65 (no shirt)**

___ **Hub City 5K:** Thru 6/30th: **\$30.** 7/1 - 9/8: **\$35.**
9/9 - Event Day: **\$35 (no shirt)**

(Less \$5 for Half or \$2 for 5K if Gold Cup Member)

Age on 9/19: _____

Male: ___ Female: ___ Clydesdale: ___ Athena: ___

Name : _____

Address: _____

City, St, Zip: _____

Email: _____

Phone: (____) _____

Shirt size (Please circle) Fit: Regular Women’s Cut
Adult: S M L XL XXL **Youth:** M L

Promotion Code: _____

WAIVER STATEMENT (Must be Signed)

I attest and verify that, the undersigned, intending to be legally bound, hereby for myself, and my heirs, successors and assigns, release any and all claims for losses and damages, attorney fees, court cost and cost of collection which I or the below named entrant (Entrant) may have now or in the future against any of the sponsors or organizers of this event, its agents, employees, officers, directors, The Calumet Region Striders and volunteers, arising out of or in connection with this event. I attest and verify I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs and other records of this event for any legitimate purpose.

Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for Hometown Happenings and those supporting the event to completely eliminate the risk that any participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participants will render Hometown Happenings harmless to any and all claims with respect to any & all personal injury/illness/death regardless of negligence or otherwise.

Signature: _____
(Parent /Guardian if under 18 years)

Date: _____