

**IN MEMORY OF FATHER DARIN DIDIER
SEPTEMBER 26, 2026**

REGISTRATION FORM

Checks payable to the **Catoctin Pregnancy Center**

Mail to: **CPC, PO Box 1168, Emmitsburg, MD 21727**

Registration Fee: \$25.

Family Rate: \$70 per family.

Amount Enclosed: \$ _____ 5K 1 Mile Fun Run

T-shirt Only: \$25 includes mailing
\$15 if picked up at race

NAME _____

ADDRESS: _____

City: _____ State _____ Zip _____

Phone _____ Male Female Age on Race Day _____

Email Address _____

E-mail address will only be used for sending results and for notification of next year's race!

Waiver: In consideration of the right granted to me to participate in the Catoctin Pregnancy Center's Run for Life 5K Run/Walk or 1 Mile Fun Run on Saturday, September 26, 2026, I hereby waive all claims and damages against the Catoctin Pregnancy Center, the Race Committee, Mount St. Mary's University and any other sponsors and organizers arising from my participation or injury I might suffer in this event. I attest that I am physically fit and prepared for this event.

Signature: _____ Date: _____

(Parent or guardian, if under 18)