



# 16th ANNUAL 5K RUN/WALK For Peter's Place SAT. October 5, 2024

This fundraiser is to benefit Peter's Place Foundation, NFP. This Christ Centered, non-denominational ministry is aimed at providing long-term residential support for young men ages 18-28 who struggle with substance abuse and/or mental illness.

The purpose of the Annual Event is to raise funds for a Christ Centered Home of Recovery.

## LOCATION and COURSE:

Moody Park at Longacre, 425 Ruby Lane, Fairview Heights, IL 62208

Timing by: Toolen's Running Start [www.runningstartsports.com](http://www.runningstartsports.com)

## DATE and TIME:

Rain or Shine! Sat. October 5, 2024 8:30 a.m. ~ Race Day Registration 7 - 8 a.m.

AWARDS: \$100 Cash Prize to Overall Top Male & Female Award Winners.

ENTRY FEES: PLEASE MAKE CHECKS PAYABLE TO: Peter's Place or Pay Online by Friday, 9/29/24 at midnight.

\$30 Registration — No shirt // \$45 Registration — Includes Shirt (if registered by 9/15)

\$50 on Race Day (No shirt)

SCAN  
ME  
TO REGISTER



INFORMATION: Registration forms will be available online [www.petersplacefoundation.org](http://www.petersplacefoundation.org) or at Toolen's Running Start @ 3220 Green Mount Crossing, Shiloh, IL 62269

Free Refreshments After the Race! For more information please contact Heidi (618) 698-0387

Mail to: Peter's Place c/PO Box 71 O'Fallon, IL 62269 Mailed registrations must be postmarked by 9/29

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Gender: M or F Age on 10/5/24

Adult T-shirt Size (please circle one) S M L XL XXL  Runner  Walker  Non Participant Donation

Disclaimer/Waiver of Liability: I understand that running/walking a race is a potentially hazardous activity. I know that I should not enter a run/walk unless I am medically able and properly trained. I agree to abide by the decision of any race official relating to my ability to safely complete the race. I assume all risks associated with running/walking this event. Having read this waiver, my signature verifies that I understand these facts and understand that upon your acceptance of the application, the entry fee is non-refundable. I, myself and anyone entitled to act on my behalf, waive and release, Peter's Place Foundation, NFP and the city of Fairview Heights, Illinois, and all other persons, sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising from my participation in this race. I also understand that some information may be used by the sponsors. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this race for any legitimate purpose.

SIGNATURE REQUIRED \_\_\_\_\_  
(Participant or Parent if under age 18)

DATE \_\_\_\_\_