



The 25th Annual Officer Thomas J. Giunta Memorial 5k Road Race Sunday, April 7, 2019 at 12:10pm (Rain, snow or shine)

**Sponsored by the Fallen Officers Memorial Trust of the Fall River Police
At the Fall River Elks, 4500 North Main Street, Fall River, MA**

IN MEMORY: Officer Thomas J Giunta, a 21-year veteran of the Fall River Police Dept., was shot and killed in the line of duty on August 24, 1994. A memorial scholarship fund has been set up in his name. All of the proceeds from this race are to benefit this fund. On Sunday April 7, 2019, join the men and women of the Fall River Police Department and let Tommy's memory live on.

COURSE: A wheel measured 3.1 mile loop with a slight upgrade during the first half-mile. The course is open to all runners, walkers and wheelchair athletes. The race will start in front of BK's Tavern, 320 Airport Rd.

AWARDS: Long sleeved t-shirts to all **pre-registered** participants. Trophies to the top 3 finishers in eight age group categories, as well as top 5 overall police officers, top 5 police teams and first wheelchair finishers.

REGISTRATION: A \$25 non-refundable entry fee. Make checks payable to: "Thomas Giunta 5K" and mail them to: Officer Thomas J Giunta 5K c/o 448 Nichols Street, Fall River, MA 02720. Race day registration from 9:30 AM – 11:30 AM at the Elks Club, 4500 North Main St., Fall River, MA. Pre-race number pick up on Saturday, April 6, 2019 at the Fall River Elks, 4500 North Main St., Fall River, MA between 7:00 pm and 9:30 pm.

RACE DIRECTORS: The Giunta Family (508) 673-2663 & Dave Pacheco (508) 965-6925 or
www.officergiuntaroadrace.org

LAST NAME	FIRST NAME	Int.	Age	Sex	Phone
Address	City/town	State	Zip		

Check if you are a Law Enforcement Officer

If so, what department/organization: _____

Please check if you are a Fall River Fitness Challenge participant (5 person team minimum)

Gym or Fitness Center _____

In consideration of you accepting this entry, I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Fall River Police Department, the race directors, the City of Fall River, the Thomas J Giunta Memorial Fund and each of the agents, representatives, assigns or sponsors for any and all injuries, damages and/or claims of any description which might arise out of the Thomas Giunta Memorial 5k and all activities in any way connected there with. I attest that I am physically fit and have sufficiently trained for the competition of the 5k event.

Participant signature: _____ Date: _____

(Parent/ Guardian must sign if participant is under 18)

**PS: PLEASE REMEMBER THAT ALL APPLICATIONS MUST BE SIGNED.
FREE BUFFET AND ENTERTAINMENT AFTER RACE.**