

# VETERANS MEMORIAL RUN

## “Running with Heroes”

Sunday, November 3rd, 2019

5k Run/Walk 10 AM - Handicap Accessible

LOCATED AT THE SHELBY TOWNSHIP HALL (52700 VAN DYKE AVE.)

RUN/WALK REGISTRATION @ 8 AM • RACE START @ 10 AM

PACKET PICKUP SATURDAY NOVEMBER 2, 11 AM - 5 PM

@ HANSON'S RUNING SHOP (8409 HALL ROAD, UTICA MI 48317)

### REGISTRATION FORM

#### Proceeds Benefit the Shelby Township Veteran's Memorial

Mail completed form to: Shelby Township Supervisor's Office

52700 Van Dyke Ave., Shelby Township, MI 48316

Make all donated checks payable to the Charter Township of Shelby

PLEASE PRINT CLEARLY • USE SEPARATE FORM FOR EACH RUNNER

Online Registration at [www.eastsideracingcompany.com](http://www.eastsideracingcompany.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Select Race/Division	Shirt Size	Voluntary Donation	Tribute Flag
<input type="checkbox"/> 5K Walk <input type="checkbox"/> 5K Run <input type="checkbox"/> Female <input type="checkbox"/> Male  Overall male, male master, male grand master, overall female, female master and female grand master will receive a trophy.  <input type="checkbox"/> Veteran	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	All runners participate for FREE. A donation is not required to participate in the 5K Run/Walk.  <b>I would like to donate:</b> \$ _____  Please make all donations in the form of cash or checks.	<b>I would like to purchase a tribute flag for the finish line for \$5.</b>  Name of Veteran: _____ _____ Branch of Service: _____

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW BEFORE SUBMITTING ENTRY:**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the event including, but not limited to: falls, contact with other participants, the effects of weather and temperature, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act of my behalf, waive and release the Charter Township of Shelby, and all sponsors and volunteers from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs or video for any legitimate purpose.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if participant is under 18)

\_\_\_\_\_  
Date

Please contact the Shelby Township Supervisor's Office for any questions you may have.

Phone: (586) 731 - 5154 • Email: [info@shelbytwp.org](mailto:info@shelbytwp.org)