

Mitchell's Run Thru Rockford

100% of all fees and
pledges raised go to

**Parent Project
Muscular Dystrophy**

LEADING THE FIGHT TO END DUCHENNE

REGISTRATION

Before Friday, August 7

\$25 per person (17 and older)

\$15 per person (16 and younger)

After Friday, August 7

\$30 per person (17 and older)

\$17 per person (16 and younger)

Send Entry Form and Checks To:
Mitchells Run Thru Rockford
10161 Serenity Shores
Rockford, MI 49341

Please make all checks payable to: **PARENT PROJECT MD**

ENTRY FORM (Please Complete All Information)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____ Age on Race Day: _____

Sex: M F Neufy Division (Men's 200 lbs. Plus)

Shirt Size: YS YM YL S M L XL XXL

Event: 5K Run 5K Walk Kids for Kids Run (10 and under)

Team Competition. (maximum team members 10) Team Name: _____

"Stride For A Cure" sign, \$10 ea. Write message here. _____

Classmates For A Cure Please name your school. _____

RACE WAIVER

I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk 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 this event including, but not limited to: falls, contact with other participants, the effects of the weather, including traffic and the condition of the roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf, waive and release Mitchell's Run Thru Rockford, Parent Project MD, the City of Rockford, Classic Race Management, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Athlete's Signature _____ Date _____

Guardian's Signature (if under 18) _____ Date _____