

Race Information Saturday, May 20, 2017

Registration: 7:00 - 8:15 a.m.

Race Times: 8:30 a.m., 5K Run and 5K Walk

Course Description

All events begin and end at Lory's Place. The course will take runners and walkers through the Edgewater Development. Come and race beside sailboats in the marina, along the river, past Lake Michigan and its sandy beaches, down the historical brick streets of Ridgeway, and into parts of St. Joseph's newest developments.

Cost and Registration Dates

Sprinter (\$20)	by March 31
Middle of the Pack (\$25)	April 1 to 30
Last Dash (\$30),	May 1 to 18
Back of the Pack (\$35)	May 19 and 20

Register through RunSignUp Register online at www.lorysplace.org

Register Early

Register now and receive the following benefits:

- Advanced pick up of race day packet which includes your bib number and chip
- Avoid long wait times and lines on race day
- Automatic entry in rocker raffle
- Guaranteed short-sleeve event t-shirt (if registered by April 30)
- The sooner you register the lower the cost

Three easy ways to register!

- Mail registration form with payment to Lory's Place, 445 Upton Drive, St. Joseph, MI 49085
- 2. Visit our website at **www.lorysplace.org** before midnight on May 18
- 3. Drop off registration form with payment at Lorv's Place.

If you have questions about registration, call (269) 983-2707 or (800)717-3812, or visit www.lorysplace.org

Packet Pick Up Information

Participants who pre-registered can pick up their race packets on Friday, May 19, from 12:00 to 6:00 p.m. at Lory's Place, 445 Upton Drive, St. Joseph.

Rocking Chair Raffle

Paid race registration received by May 18 includes one entry into the Rocking Chair Raffle.

Restful Rocking Chair Rock and Sponsorship Information

The \$150 rocking chair sponsorship fee may reflect gifts of an individual or a group. Rocker sponsors are invited to design their own dedication signs to hang on the rockers during the race. Rocker sponsorships are due on or before May 12.

For more information call **(269) 983-2707** or **(800) 717-3812** or visit **www.lorysplace.org**



Signature: ____

Event Pre-Registration Form (please print, and complete all blanks, one participant per form) This is a charitable event. Entry fees are non-refundable. Please make checks payable to Lory's Place. Circle an Event: 5K Run 5K Walk Gender: Female Male Age: ____ First/Last Name: _____ Address: _____State : _____ Zip: _____Phone: __ City: ____ Email: School Attending: ___ □ Elementary □ Middle □ High □ College "Friends and Neighbors" Challenge Group Name: ____ 5K Run/Walk Race Fees: **\$Total** Last Dash - If registered from May 1 to 18 (not guaranteed a shirt). Back..... of the Pack - If Registered on May 19 or 20 (not quaranteed a shirt)..... **Total Registration Cost** In consideration for acceptance of this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the event director, RunSignup.com, its agents assisting with the event, sponsors, sponsor's representatives and employees, Lory's Place, employees, management and affiliate ownership of Hospice at Home, Inc. - dba Caring Circle, the City of St. Joseph, Lakeland Health and all its affiliates, The Whirlpool Corporation, their representatives, successors, and assigns for any and all injuries or illness which may result directly or indirectly from my participation in the Run, Walk, Rock event and related activities. This release includes any and all injuries or damages suffered by me before, during or after the event. I further state that I am in proper physical condition to participate in this event. I authorize Lory's Place, Hospice at Home, Inc. and/or Lakeland Health to use any photographs, personal narratives, interviews, audio and/or video recording of my participation in any Lory's Place, Hospice at Home, Inc. - dba Caring Circle and/or Lakeland Health event for any and all purposes. I certify as a material condition to me being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult quardian for all children under 18 years) having read and agree to the above waiver. Signature: _ Date: **Rocking Chair Sponsorship Fee:** \$Total Requested donation of \$150 per rocking chair may reflect gifts of an individual or a group (due by May 12) (If the sponsorship is a group gift, please list names on a separate sheet of paper and include with registration) First/Last Name or Name of Organization: __ ☐ Please make my rocking chair sign ☐ I will create and bring my own rocking chair sign Rocking Chair is sponsored: □ "In honor of" □ "In memory of" Name (as it should appear on acknowledgement):

For more information on additional sponsorship opportunities or donations call Lory's Place at (269) 983-2707 or (800) 717-3812 or visit www.lory's place.org

Date: ___