

2024 Run Walk Rock Registration Form

This is a charitable event. Entry fees are non-refundable. Please make checks payable to Lory's Place.

(Please print, and complete all blanks, one participant per form)

Event Date: Saturday, May 18, 2024

Choose an Event: ☐ 5K Run ☐ 5K Walk

Gender: ☐ Female ☐ Male

Age: _____

First/Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Long Sleeve T-Shirt Size:

☐YL ☐Small ☐Medium ☐Large ☐X-Large ☐2X-Large ☐no shirt

Group Name(if applicable): _____

School Name(if applicable): _____

Families or groups of four or more receive \$5 off each registration until May 15.

5K Run/Walk Race Registration Fees:

Sprinter-If registered from **February 5 to March 31**.....\$25__

Middle of the Pack-If registered from **April 1 to April 19**.....\$30__

Last Dash-If registered from **April 20 to May 16**(*not guaranteed a shirt*).....\$35__

Back of the Pack-If registered on **May 17 to May 18**(*not guaranteed a shirt*).....\$40__

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, the City of St. Joseph, Corewell Health South and all its affiliates, The Whirlpool Corporation and 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, Ride 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 and/or Corewell Health South to use any photographs, personal narratives, interviews, audio and/or video recording of my participation in any Lory's Place and/or Corewell Health South 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 guardian acknowledges for all children under 18 years) having read and agree to the above waiver.

Signature: _____ **Date:** _____