

SCOOP DE' LOOP 5K

5K Run and Walk and Junior Scoop Shuffle

THURSDAY, JULY 9TH

Junior Scoop Shuffle 1/4 Mile (Children ages 2 - 10) starts at 5:45 PM

5K starts at 6:00 PM

Flushing High School - 5039 Deland Rd, Flushing, MI 48433



This is a Crim voucher race, register online and bring the race voucher to packet pickup

REGISTRATION FEES

Early Registration ENDS July 2nd

Event with shirt

On or before July 2nd - \$28.00

Late Registration - \$33.00

Event without shirt

On or before July 2nd - \$18.00

Late Registration - \$23.00

Junior Scoop Shuffle 1/4 Mile kids race \$10.00 and includes youth shirt

Students 18 years old
and younger can race
for only
\$5.00

Register online @ www.riverbendstriders.org to save on your entry fee
Riverbend Striders members can deduct \$2.00 from pre-registration fees only

PACKET PICKUP

July 8th from 12 PM – 6 PM and July 9th from 10 AM - 2 PM

Bauman's Running & Walking Shop - 1473 West Hill Rd. Flint MI 48507

July 9th *Race Day* starting @ 4:30 PM at Flushing High School

**Supporting the
Flushing Cross
Country teams**

FULL NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

EVENT

5K RUN

5K WALK

Junior Scoop

SEX M F

AGE

Riverbend Strider #

AMOUNT \$

BIB #

UNISEX SHIRT SIZE S M L XL 2XL (Add \$2.00) 3XL (Add \$3.00) No Shirt

WOMENS SHIRT SIZE S M L XL 2XL (Add \$2.00)

YOUTH SHIRT SIZE S M L XL

Register Online



PLEASE MAKE SURE YOU SIGN THE WAIVER ON THE BACK

All up to date event information can be found at
www.riverbendstriders.org



Make Checks Payable to RIVERBEND STRIDERS

Mail To: Scoop De Loop

P.O. Box 233, Flushing, MI 48433



Riverbend Striders Participant Waiver

Event: Scoop De' Loop 5K

I know that running or walking in a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with volunteering for this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain.

I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, animals, and personal music players are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Scoop De' Loop 5K, the city of Flushing, Michigan, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or 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. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____