



Special Olympics
Michigan
Area 19

Athlete Oath:

"Let me win. But if I cannot win, let me
be brave in the attempt!"



3rd Annual Heart of a Lion Run

Sunday October 29, 2017

9AM – 5K Run/Walk

10AM – SOMI Athletes/Kids Fun Run

Ella Sharp Park

2800 Fourth St, Jackson, MI 49203

Registration Form • Please Print Clearly • Separate Form Needed For Each Participant

First Name: _____ Last Name: _____ Age (Day of Race): _____

Address: _____ City: _____ State: _____ Zip: _____

Email _____ Phone (_____) _____

SELECT RACE/DIVISION	Entry Fee	Shirt Sizes
Awards to overall & masters M/F 5K finishers <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> 5K Run <input type="checkbox"/> Athletes/Kids Fun Run Top 3 Runners in each group receive award! <input type="checkbox"/> 14 & Under <input type="checkbox"/> 15-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80+	5K Run/Walk <input type="checkbox"/> \$20 Before 10/26/17 <input type="checkbox"/> \$25 Race Day *SOMI Athletes are free Online Entry ends midnight 10/26/17 Additional Contribution \$ _____ Total Enclosed \$ _____	LADIES <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL MENS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL CHILDRENS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large

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 on my behalf, waive and release the Special Olympics, Jackson County 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, for any legitimate purpose.

Participant's Signature _____

Date _____

Parent's Signature (if under 18 years old) _____

Date _____

On-Line Registration: <https://runsignup.com/Race/MI/Jackson/HeartofaLion>
MAIL TO / PAYABLE TO: Special Olympics Michigan Area 19
3010 Wildwood Ave. Suite 6 Jackson, MI 49202
Early race pickup Saturday, 10/28/2017, 3pm-5pm at SOMI Office
and Race Day 7am - 8:45am

Contact: Amy Gingras at 517-768-1439/517-262-1445/agingras01@comcast.net
 Mark Umlauf at 313-220-1379/umlaufmark@yahoo.com
 SOMI Office – Deb Slone 517-748-7870