

# Stomp Out MS 5K Run/Walk With Color

April 16<sup>th</sup> 2016

Registration 9:00am to 10:30am

Run/Walk: 11:00am

Location: Health Professions Building

Central Michigan University Campus, Mt. Pleasant, MI

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

T-Shirt Size (Adult Sizes) S M L XL (Youth Sizes) XS S M L

\*Only participants who register online/postmarked before **April 2, 2016** will be guaranteed a shirt. Any leftover shirts will be available on race day to those who register after April 2, 2016.

**My total donation amount is: \$\_\_\_\_\_** \*Minimum \$20 donation per participant.  
(Price increases to \$25.00 for day-of-race registration) **\*Please make checks payable to PTSO**

Welcome to the 2016 Stomp Out MS 5K Run/Walk with Color, hosted by the Physical Therapy Student Organization (PTSO) at Central Michigan University. Thank you for supporting a great cause! Check in will be at the Health Professions Building on Central Michigan University's Campus located in Mt Pleasant, MI. Participants who have pre-registered by April 2nd will receive their shirts the day of the race. Informational booths will be set up around the area and light snacks and beverages will be provided. Shirts and MS merchandise will also be available for purchase and donations are welcome with proceeds going towards the National MS Society, Michigan Chapter.

We encourage you to stop by and learn more about MS and the efforts of the National MS Society, Michigan Chapter ---- and of course, have fun!

**Waiver Must Be Read and Signed Before Mailing:**

I know that running or walking is a potentially hazardous activity. I should not enter or run this event 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/walk. I assume all risks associated with running/walking in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, 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 application, I, for myself and anyone entitled to act on my behalf, waive and release Central Michigan University, National Multiple Sclerosis Society, Michigan Chapter, Physical Therapy Student Organization and all 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. All pledges and donations are nonrefundable.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature if under 18 \_\_\_\_\_

**Please Mail Registration Form to:**

**Central Michigan University  
1220 Health Professions Building  
Attn: Stomp Out MS 5K  
Mount Pleasant, MI  
48859**

\*Please make checks payable to **PTSO**