

RESPONDER RUN
5K Run/Walk Race
Saturday, September 17, 2016 @ 9:00 a.m.

Name _____ Gender: M F

Address _____

City, State _____ Zip Code _____

Email _____

Age on Race Day _____ Date of Birth _____

Results will be available www.pwcalive.com

T-Shirt (Adult size): Small Medium Large X-Large

(Kids Sizes): Medium Large No shirt

KIDZONE/KIDZCARE: 6 mo–2 yr 2–4 yr K–6th

ENTRY FEE
5K Run/Walk \$25
(Cash or Check Only)

Mail checks to: Plymouth Wesleyan Church 11203 S. Michigan Rd Plymouth, IN 46563

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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, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known on my behalf, waive and release Plymouth Wesleyan Church, City of Plymouth, Plymouth Police and Fire Department, Marshall County Sheriff Department, and Marshall County Running Club, all volunteers and all other sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Runner's Signature _____

(Parent's Signature if runner is under 18 years of age)

Date _____

WE WILL ONLY GUARANTEE SHIRTS WITH PREREGISTRATION BY SEPTEMBER 11
NO REFUNDS - INCLUDING INCLEMENT WEATHER

Sponsored by MCRC