

RACE DAY AUGUST 3, 2019

St. Johns, MI 5K – 10 Mile – Run/Walk

mintcityraces.com

Registration (please print)

No mail-in registration post-marked after 7/25/2019

Name:					
First Address:		Last			
City:	State:		Zip:		
Phone: Cell:	Em	ail:			
Birthdate:	Age on Race Day	y:	_ Male	Female	
Please circle event	10 Mile	5K			
· ·	XL) S M L eed for registrations rece			24/19	
Shirts are A4 brai	nd and tend to run big.				
\$30 after 11:59	rts will be mailed the fol	shirt. Shirts ma		sed on race day for a se	parate fee.
501 W. Sickles St.					
St. Johns, MI 48879					
ATTN: Bob Sackrider					
Signature Required: I hereby release Sparrow Health System, City of Standard Washerm, City of Standard Washerm, City of Standard Washerm, City of Standard Washermann, City of Standard Washer	St. Johns, Clinton County, the e r damages which I or my child n he sponsors or event organizers photograph may be taken by even n, copy, exhibit, publication, distril en of me. I hereby release and of the administrators, organizers, vol thermore, I assign all right, title	event administrators, or may sustain while parts. I understand that I arent organizers or ager bution, and otherwise discharge Sparrow Clunteers, officials, spo	organizers, volun ticipating in this a am responsible for nts acting under the use for publicity, linton Hospital, Sinsors, and USAT	teers, officials, sponsors, and activity even if the injuries are or the medical coverage for my heir authority. fundraising, or any other lawful parrow Health System, City of F from all liability of any nature	
Signature		Date:			
Parent/Guardian Signature	if under 18 years old				