



Event Pricing:

\$25/person w/ shirt

\$20/person w/o shirt

All events increase \$5 after 4/1/17

Kids Fun Run: \$5/child (ages 6 & under)

- Make checks payable to: **Orthopaedic Rehab 5k/10k**
- Send entry forms to: **Orthopaedic Rehab Specialists
Attn: Marketing Dept.
206 Page Ave
Jackson, MI 49201**
- To register online, visit **www.runsignup.com**
- For more information, email Karyn at **karyn@orsmi.com** or call **517-783-6670**

Starting times

10k Run: 8:00 am

5k Run & Walk: 8:15 am

Girl Quest/Boy Quest (ages 7+): 9:30 am

Kids Fun Run (ages 6 & under): 9:45 am

Awards

Top male and female finishers of Open and Masters Divisions in both 5k/10k Run & Walk will receive prizes, as well as the top three finishers in each age group.

The 5k Walk is a non-monitored event.

Additional Information

- All entrants receive the coveted ORS technical shirt (shirt sizes are not guaranteed on race day)
- Jackson's best "In-Training" shirts for the first 100 entrants!
- Chip timing is included in all events.

Packet Pickup & Late Registration

Early packet pick up is available at Orthopaedic Rehab Specialists, 2136 Robinson Road from 5:00 pm-7:00 pm on Friday, April 21, 2017. Late registration and packet pickup is also available on race day from 6:30am-7:45am at Sparks Park.

Location:

The Cascades in Sparks Park
1401 S. Brown St. in Jackson

Course Maps:



5k

10k



Select event: 10k Run 5k Run 5k Walk Kids Fun Run

Last Name: _____ First Name: _____

Email: _____

Gender: M F **Shirt? :** Yes (\$5 extra) No **If yes, select shirt size:** 2T 3T 4T 5T 6T S M L XL XXL XXXL

Birthdate (required for place): ____/____/____ Age (on race day): _____

Emergency Contact Name: _____ Emergency Contact Phone: (____) _____

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/walk 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 risk associated with running or walking in this event including, but not limited to, contact with other participants, the effects of the weather, including high heat and/or humidity, and the conditions 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 accepting my entry, I — for myself and anyone on my behalf—waive and release Orthopaedic Rehab Specialists, P.C, the 5k/10k run and walk committee, the City of Jackson, Jackson County, and all race sponsors, supporters, and officials, their representatives, and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature (parent signature if under 18)

Date

BIB#:
