

Proudly Sponsored By:



VETERANS MEMORIAL RUN

FREE TO REGISTER

“Running with Heroes”

Sunday, November 7th, 2021

5k Run/Walk 10 AM - Handicap Accessible

LOCATED AT RIVER BENDS PARK (5700 22 MILE ROAD, SHELBY TWP., MI 48317)

RUN/WALK REGISTRATION @ 8 AM • RACE START @ 10 AM

PACKET PICKUP SATURDAY NOVEMBER 6, 11 AM - 5 PM

@ HANSON'S RUNNING SHOP (8409 HALL ROAD, UTICA, MI 48317)

REGISTRATION FORM

Proceeds Benefit the Shelby Township Veteran's Memorial

Mail completed form to: Shelby Township Supervisor's Office

52700 Van Dyke Ave., Shelby Township, MI 48316

Make all donated checks payable to the Charter Township of Shelby

PLEASE PRINT CLEARLY • USE SEPARATE FORM FOR EACH RUNNER

Online Registration at www.eastsideracingcompany.com

First Name: _____ Last Name: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Select Race/Division

- 5K Walk 5K Run
 Female Male

Overall male, male master, male grand master, overall female, female master and female grand master will receive a trophy.

Veteran

Shirt Size

- Small
 Medium
 Large
 X-Large
 XX-Large

Voluntary Donation

All runners participate for FREE. A donation is not required to participate in the 5K Run/Walk.

I would like to donate:
\$ _____

Please make all donations in the form of cash or checks.

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 of my behalf, waive and release the Charter Township of Shelby, 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 or video for any legitimate purpose.

PARTICIPANT'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE (if participant is under 18) _____

Date _____

Please contact the Shelby Township Supervisor's Office for any questions you may have.

Phone: (586) 731 - 5154 • Email: info@shelbytwp.org