

 McLaren  
BAY MEDICAL FOUNDATION



**Awards to top  
3 finishers in  
each category**

**May 6th**  
Rain or Shine!

**Saturday, May 6, 2017**

Register online at <https://runsignup.com>

**Course:** The race will start and finish west of the McLaren Bay Region Uptown building located at 4 Columbus Ave. Bay City, MI 48708.

**Registration:** \$10 – Children ages 8 and younger  
\$15 – Children ages 8 and younger plus t-shirt  
\$20 Adults – Advanced registration via internet or mail before **March 31st**  
\$25 Adults – Advanced registration plus t-shirt via internet or mail before **March 31st**  
\$25 Adults – Advanced registration via internet or mail before **April 21st**  
\$30 Adults – Advanced registration plus t-shirt via internet or mail before **April 21st**  
\$35 Adults – Late registration plus t-shirt (only if t-shirt available)

**Check-in:** Begins at 7:30am. Adult race at 9am and kid's race at 10:30am.

Snacks and beverages will be provided after each event.

All participants will be entered into a random prize drawing that will take place after the kid's race.

**\*\*Must be present to win\*\***

If you have any questions contact Alysa Matthews at (989)895-4727 or [alysa.matthews@mcclaren.org](mailto:alysa.matthews@mcclaren.org)

**Cut out & mail the official entry form with check, cash, or credit card information to:**

McLaren Bay Medical Foundation, 1900 Columbus Ave. Bay City, MI 48708

**OFFICIAL ENTRY FORM – McLaren Bay Medical Foundation 5K Run/Walk – May 6, 2017**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Check one: 5K Run \_\_\_\_\_ 5K Walk \_\_\_\_\_ Kids Run \_\_\_\_\_ T-shirt Size (circle) : S M L XL XXL Youth S, M, L

Emergency Contact Name and Phone Number \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ (please make check payable to McLaren Bay Medical Foundation)

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CCV Code \_\_\_\_\_

**Waiver/Release:** I assume all risks associated with participation in this event including, but not limited to falls, contact with other participants, the effects of weather and the conditions of the road, all such risks being known by me. Having read this waiver & knowing the facts, & in consideration of you accepting my entry, I, for myself and anyone else acting on my behalf, waive & release & indemnify the McLaren Bay Medical Foundation staff, volunteers, & officials, from all claims & liabilities of any kind arising out of my participation in this event and/or related activities of any nature, even though such liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I attest to be in proper physical condition to participate in this event. I hereby grant full permission to use my name & any photographs, videotape, or other record of this event for any purpose.

By signing below, I accept & understand the terms of the waiver/release

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/guardian signature for participants under 18 Date