



5th Annual

# Ovarian Cancer Awareness 5/10 K Run/Walk

IN REMEMBRANCE OF MICHELLE CHIOTT

**WHEN:** SATURDAY, APRIL 26TH, 2014 **START TIME:** 10:00AM

**WHERE:** SEBEWAING TWP. HALL, 14 E. SHARPSTEEN ST., SEBEWAING, MI

**COST:** \$20.00/PERSON \*ALL PROCEEDS WILL BE GIVEN TO MICHIGAN  
OVARIAN CANCER ALLIANCE [HTTP://WWW.MIOCA.ORG/](http://www.mioca.org/)

**REGISTRATION:** OPENS AT 9:00AM THE DAY OF THE EVENT OR YOU CAN  
PRE-REGISTER BY DOWNLOADING A FORM AT  
[WWW.THUMB2RUN.WEEBLY.COM](http://www.thumb2run.weebly.com) AND SEND TO BEVERLY WILTSE:

11530 ROBERT DR.  
SEBEWAING, MI 48759

**CONTACT:** BEVERLY WILTSE (989) 326-1052 EMAIL:  
[BEVWILTSE@HOTMAIL.COM](mailto:BEVWILTSE@HOTMAIL.COM)

PLEASE READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

I know that running is a potentially hazardous 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/walk. I hereby certify that I am in good health and I have trained to run/walk the distance of the race, which I am entering. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, snow and ice, traffic 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 into this race, I, for myself and anyone entitled to act on my behalf, waive and release the Village of Sebewaing, its officers, directors, agents, volunteers, and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or 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, motion pictures, recordings, or any other record of this event for any legitimate purpose. *I understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline.* I am aware that the race volunteers strongly discourage the use of personal audio devices (iPods and MP3 headsets.)

(Athlete or Participant)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age (on race day): \_\_\_\_\_ Date of Birth m/d/y: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Signature(Parent if under 18) Required for entry: \_\_\_\_\_ Date: \_\_\_\_\_