



# 5<sup>th</sup> Annual "Run for the Impact"

## 5K RUN/WALK

## 1-Mile RUN/WALK

## AT 9:00 AM ON

## SATURDAY, JUNE 3, 2017

*Proceeds to Benefit*

### **Fowlerville Family Impact Centers**

LOCATION: Family Impact Wellness Center 9430 W. Grand River Ave., Fowlerville, MI 48836

Parking in front lot of United Brethren Church just East of Wellness Center.

**PACKET PICK UP AND ON-SITE REGISTRATION: 8:00AM -8:50AM**

**Chip timing with Michigan Running Foundation ([www.runningfoundation.com](http://www.runningfoundation.com))**

#### EVENTS:

- 5K Run/Walk Individual (16+ yrs): PRE-Register before May 26 = \$25/ May 27 to On-Site \$30
- 5K Run/Walk Adult TEAM:(3 or more submitted together) PRE-Register before May 26 = \$20/May 27 to On-Site \$25
- 5K Run/Walk Student (6-15 yrs): PRE-Register before May 26 = \$15/ May 27 to On-Site \$20
- 1 Mile Run/Walk - all Ages: PRE-Register before May 26 = \$10/ May 27 to On-Site \$15
- Ages 3-5 Fun Activities After the Mile Run/Walk: **FREE**

**5K MEDALS:** Male/Female 14 under, then every 5 yrs. up to 70 & over. Overall Male/Female, Great-Grand Masters 60+ M/F.

Contact: Sheila Larson at [sheilamaelars@gmail.com](mailto:sheilamaelars@gmail.com) 517-861-9139.

THIS FORM IS DOWNLOADABLE @ [www.Playmakers.com](http://www.Playmakers.com) & [www.familyimpactcenters.com](http://www.familyimpactcenters.com)

OR REGISTER ONLINE: <https://runsignup.com/Race/MI/Fowlerville/RunfortheImpact3>

\*\*\*\*\* PLEASE SUBMIT ONE ENTRY FORM PER PARTICIPANT \*\*\*\*\*

\_\_\_\_\_ Male/Female \_\_\_\_\_ Age on June 3, 2017 \_\_\_\_\_

PRINT - First and Last Name

\_\_\_\_\_ PRINT Street Address \_\_\_\_\_ PRINT City \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_ PRINT Email Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Select Your Event for Payment – NOTE: T-Shirt is not included in registration fee.

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\_\_\_\_\_ Ages 3-5: Fun Activities after the Mile Run/Walk: **Free**

\_\_\_\_\_ \$5 T-SHIRT: SIZE: \_\_\_\_\_ ADULT (S/M/L/XL/2X/3X) SIZE: \_\_\_\_\_ YOUTH (S/M/L)

\_\_\_\_\_ **TOTAL PAID --- CHECK #** \_\_\_\_\_

**Make checks payable to: Family Impact Centers and mail to:**

*Family Impact Centers Attn: Run for the Impact P. O. Box 993 Fowlerville MI 48836*

**THE FOLLOWING WAIVER MUST BE SIGNED:**

**WAIVER:** *I know road/trail racing is a potentially dangerous activity. I assume all risks associated with running/walking in this event. I, my heirs, devisees, and anyone acting on my behalf, waive and release the Village of Fowlerville, United Brethren Church, Family Impact Centers and all volunteers and sponsors from all claims or liability arising out of my participation.*

**NO REFUNDS. NON-TRANSFERABLE.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_