

# Saturday

## AUGUST 6, 2011

SALINE CHAMBER EVENT

### Saline's Summerfest



### 5K RUN WALK

August 6, 2011

**START TIME & PLACE:** 8:30 a.m.– 5K Run/Walk – Saline City Hall

#### PRE-RACE DAY REGISTRATION AND PACKET PICK-UP:

Race packets can be picked up Friday night (8/5/11) from 6:30 p.m. to 9:00 p.m. at Saline Summerfest (downtown Saline).

#### RACE DAY REGISTRATION AND PACKET PICK-UP:

Saline City Hall from 7:00 a.m. to 8:15 a.m.  
100 North Ann Arbor Street, Saline, Michigan 48176

**FEE:** \$20.00 through August 5  
\$25.00 on race day, August 6  
First 120 paid entries include a T-shirt

Pre-Registration Only  
Family Rate  
3 or more at the same address  
\$15.00 each

#### AWARDS - 5K Run/Walk:

Male & Female Overall & Masters  
Top Three Male & Female in the following age groups:  
14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44,  
45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & Up

EVENT SPONSOR:  
**PROBILITY**  
PHYSICAL THERAPY



**TIMING BY:**  
Runner's Edge  
Race Timing

## Saline's Summerfest 5K Run/Walk · AUGUST 6, 2011 · ENTRY FORM

### WAIVER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Gender \_\_\_\_\_ Age on Race Day \_\_\_\_\_

You must agree to this waiver for registration to be valid. A parent or guardian must agree to this waiver for any minors entering the race.

I, for myself, any executors, administrators and assignees, do hereby release and discharge all the volunteers, The Saline Chamber, Saline's Summerfest, Picnic in the Park of Michigan, the City of Saline, agents and employees, sponsors, supporters and spectators of the Saline's Summerfest 5K Run/Walk of all claims of damages, demands, and actions whatsoever in any manner arising for my participation in said event.

I attest and verify that I have full knowledge of the risks involved in this event, am physically fit and have my personal physician's approval. Further I hereby grant full permission to any and all of the foregoing to use my likeness in any photograph, videotape, film or motion picture record of my participation in this event. Yes, I have read the waiver and accept the terms of the waiver on this page.

**Shirt Size: Circle One S M L XL**

**METHOD OF PAYMENT:** Make checks payable to: Saline Area Chamber of Commerce and enclose check with registration form.

**MAIL ENTRY TO:** Saline Area Chamber of Commerce  
141 East Michigan Avenue Saline, Michigan 48176-0198  
Phone: (734) 429-4494 Fax: (734) 944-6835 office@salinechamber.org

**ONLINE REGISTRATION:** www.GoRaceGo.com

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Check \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date: Month Year \_\_\_\_\_

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

Parent Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

ENTRY FEES ARE NON-REFUNDABLE