



4th Annual 5K Run/Walk

National Cancer Survivors Day

Proceeds benefit the following Ascension Michigan Cancer Programs:
Van Elslander, Webber, Macomb Twp., & Rochester

Sunday June 2, 2019

9am – Registration & Warm Up
10am – Run/Walk Starts

River Bends Park

57200 22 Mile Shelby Twp.
Hickory Grove Pavilion (On Left)

Hot Dogs, Chips & Salsa generously
provided by Chuck & Dave's Salsa!

Bounce House and Kona Ice free for
children (under age 16)!
Kona Ice available to purchase for all!



Ascension



Sponsorship opportunities available, ranging from \$150-\$1500. Please contact Cathy Patterson for more information, at 313-647-3012 or Catherine.patterson@ascension.org

Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- | | |
|---|---|
| <input type="checkbox"/> Registering for Walk | <input type="checkbox"/> Registering for Run |
| <input type="checkbox"/> Child - \$10 (3-12 yrs.) | <input type="checkbox"/> Child - \$10 (3-12 yrs.) |
| <input type="checkbox"/> Adult - \$30 (13 yrs. & older) | <input type="checkbox"/> Adult - \$30 (13 yrs. & older) |

No charge for children under 3 yrs. unless asking for a t-shirt

Date of birth: _____ Sex: Male Female

Registration after **May 18**: \$35 (does not include t-shirt)



T-Shirt Size: Adult or Child Small Medium Large X-Large XX-Large

Are you a Cancer Survivor: Yes No

Please make checks payable to Colors of Hope-MI. Mail check & registration form to
19229 Mack Ave. Suite 10 Grosse Pointe Woods, MI 48236

**For on-line registration & credit card payment visit our website at
www.colorsofhopemi.org or call 313-647-3100**

Run Waiver and Release of Liability for Participants

Participant Information

Name: _____

Phone: _____

Email: _____

Date of Birth (if under 18): _____

Emergency Contact Name: _____ Phone: _____

Relation: _____

In consideration of being permitted to participate in **Colors of Hope-MI** social runs, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against **Colors of Hope-MI, Maria Marino Fitness Pros**, and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns and any and all sponsors, their representatives and successors, that may arise as a result of my participation in **Colors of Hope-MI** social runs, including any and all claims for personal injuries caused by **Colors of Hope and Maria Marino Fitness Pros** negligence. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me. (This information is protected by the Privacy Act).

Signature of Participant: _____

Date: _____

This section to be read and signed by parent/legal guardian if Participant is a minor:

As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against **Colors of Hope-MI, Maria Marino Fitness Pros**, and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, by reason of my child's participation in said program, including any and all claims for personal injuries caused by **Colors of Hope-MI, Maria Marino Fitness Pros** negligence.

In addition, I accept full responsibility for the care and supervision of my child during the above-described runs.

Signature of Parent/Legal Guardian: _____ Date: _____