

Event Registration Form

ORS "Marathon"

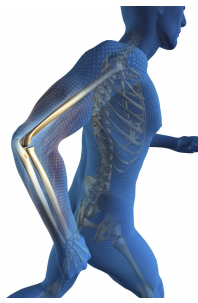
April 10th, 2010

Start Times:

8k Run 8:00am

5k Run & Walk: 8:15am

Kids Fun Run: 9:30am



Jackson Citizen Patriot Series

All entrants in the 492xx zip codes will be entered in the 2010 Jackson Citizen Patriot Running/Walking series. Completion of 4 of the 8 series events will qualify entrants for the Phil Loomis Handicap Run/Walk.

PACKET PICKUP AND LATE REGISTRATION

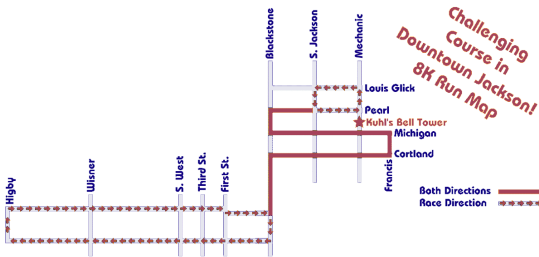
Early packet pickup is available at **Orthopaedic Rehab Specialists, 206 Page Ave.**, from 4:30pm-6:00pm on Friday, April 9th. Late registration and packet pickup is also available on race day from 6:30am-7:45am at Kuhl's Bell Tower Market, 117 Louis Glick Hwy.

Awards

Top male & female finishers of Open & Masters Divisions in both the 8/5k Run & 5k Walk and will receive prizes as well as the top three finishers in each age group.

- All entrants receive the coveted ORS shirts made of poly-wicking fabric that's lighter than cotton!
- Jackson's BEST "In-Training" T-shirts for 1st 100 entrants! Our shirts are breathable micro-vent knit wicks keeps moisture off the body to reduce chaffing & rubbing on skin!
- A portion of the race proceeds go to the American Cancer Society and local charities.
- Enjoy a complimentary post-race breakfast at Kuhl's Bell Tower Market! Additional breakfasts can be purchased for \$7 (Adults) and \$5 for Children under 12.

This Event is supporting research for Bone Marrow and Pediatric Brain tumor research. Your support is appreciated.



FOR MORE INFORMATION: CONTACT BOB GILMORE, RACE DIRECTOR AT: 517-788-1121 (DAYTIME) OR 517-782-2071 (EVENING)

All Events: \$20/person or \$25/ea. after 4/1/09

8k Run

5k Run

5k Walk

*Couples Pkg. (Any race/walk event)
\$35/couple (before 4/1/09)

Couples Package (same household)
(Regular rates apply after 4/1/09 = \$25ea)

Teddy Bear Challenge \$5/Child



Full Name: _____
Last First M.I.

Address: _____
Street Address Apt. #/Unit#

City State Zip Code

Day Phone: ____ (____) _____ Email: _____

Shirt Size: S M L XL XXL

Age: _____ Gender: M F Birth Date: ____/____/____ (required for place)

Emergency Contact Name: _____ Phone: (____) _____

I know that running or walking in a road race is a potentially dangerous 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. I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, 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, I form myself and anyone on my behalf, waive and release Orthopaedic Rehab Specialists, P.C., the 5k/8k Run and walk committee, the Jackson Citizen Patriot, the City of Jackson, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature (Parent Signature if under 18)

(Date)

REGISTER ONLINE AT NO ADDITIONAL CHARGE! www.orsmi.com

Make checks payable & mail entry forms to:
Orthopaedic Rehab 8k/5k
PO Box 791
Jackson, MI. 49204-0791
Email:
rtgilmore5924@comcast.net or
Karyn@orsmi.com