



for



2010 ENTRY FORM-A separate form is need for EACH 5K participant. Please copy as needed.

Name:(Last) _____ (First) _____

Male _____ Female _____ Age on June 27th, 2010 _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: (required) _____

Individual and Family Entry Fees

Family is 6 or less immediate family members.

A separate form is required for each family member and must be turned in together.

	Individual ages 12 +	Individual 11 and under	Family	Total
Til June 19 th	\$20	\$10	\$50	\$ _____
June 20 th -26 th	\$25	\$12	\$60	\$ _____
			Sub-total:	\$ _____
			Donation to Cure Kids Cancer:	\$ _____
			Donation to Maxwell C. Matthews Foundation:	\$ _____
			TOTAL AMOUNT ENCLOSED:	\$ _____

Gault Race Management Information: All 5K participants must wear a chip to be scored.

I will be using a chip provided by the race.

I Will Be Participating In:

- 5K Run/Walk
- Kids' 1 Mile Run
- Kids' Fun Runs

T-Shirt Size:

- Adult S
- Adult L
- Adult XXL
- Youth S
- Adult M
- Adult XL
- Adult XXXL
- Youth M

WAIVER: I, on behalf of myself and/or my child know that running a road race is a potentially hazardous activity. I should not enter and participate 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 the event, including but not limited to falls; contact with other participants; the effects of the weather, including high heat and/or humidity; traffic and conditions of the road and course; 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, for myself and anyone entitled to act on my behalf, waive and release Michigan State University, the race sponsors, race directors and organizers, all other race workers and volunteers of Max's Race, and all other sponsors, their representatives, and successors, their representatives, and successors from all claims or liabilities of any kind arising out of my, or my child's, participation in this event. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: of Entrant or Parent/Guardian if under age 18 (required)

PLEASE MAIL COMPLETED ENTRY FORMS TO
MAX'S RACE/1257 HASLETT RD./HASLETT, MI. 48840

Make Checks Payable to: Max's Race

Pre-packet Pickup: Playmakers, Friday June 25th, 4:00-8:00 p.m.