



MidMichigan Health
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Saturday, August 14, 2021
Lafarge, Presque Isle Quarry
9:30 a.m.

ENTRY FORM

Please print clearly,
Must be received by August 12th

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Age on race day: _____ Gender: M or F

		Entry Fees	
		Until 8/1	8/2 - 8/13
<input type="checkbox"/>	5K - Individual	\$25	\$25
<input type="checkbox"/>	5K - Family Rate *	\$35	\$45
* (immediate family members only, please complete entry for each)			
<input type="checkbox"/>	T-Shirt Pre-Order **	\$15	
<input type="checkbox"/>	T-Shirt - After 8/1		\$20

Please indicate quantity in box	Shirt Size					Kid's Size			
	S	M	L	XL	XXL	S	M	L	XL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Limited t-shirts will be available the day of the event (pre-order recommended)

Registration Fee & T-Shirt Ordering Information

Event Entry Fee: \$ _____

T-Shirt Purchase \$ _____

Amount Enclosed: \$ _____

Please make check or money order payable to: **MidMichigan Health System**

Please mail to: Lafarge - Presque Isle
Attn: Stoneport Quarry Run/Walk
11351 E. Grand Lake Road
Presque Isle, MI 49777

Online Registration, Shirt Ordering and/or Donations with credit/debit Card is available at:
<https://runsignup.com/Race/MI/PresqueIsle/Stoneport5kQuarryRunWalk>

Liability & Publication Waiver & Release

Application will not be processed without Signature.

I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless Lafarge and any affiliated individuals, any race sponsors and their employees, and all other persons or entities associated with this event from any claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or other, whether same be caused by negligence of Lafarge, its affiliates and affiliated individuals or any race sponsors including any said parties' agent or employees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to Lafarge to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

PARENT'S (if under 18) OR PARTICIPANT'S SIGNATURE: _____ DATE: _____