

Run Thru Hell on Halloween Eve

October 30, 2011

Name:(last)_____ (first)_____

Address: _____ City:_____

State: _____ Zip: _____ Phone: _____

Gender: (circle one) M F Age on Race Day: _____

Event: (circle one) **8k Run** **5k Run/Walk**

Shirt size: (circle one) S M L XL 2X

Race entry fee: Postmarked by 10/22 - **\$20** Day of race - \$30

Make check payable to: **MRF or Michigan Running Foundation**

Mail to:

MRF

PO BOX 10180

Lansing, MI 48901

Waiver: By submitting this entry form, I hereby, for myself, my heirs and my executors, waive and release all rights and claims for damages I may have against Putnam Township and all their departments, all sponsors and race management organization, for injuries suffered by me in this event. I attest that I have trained sufficiently to participate in this event and I am physically fit.

Participants Signature

Date

Parent's Signature if under 18

Date