

7th Annual Fit 4 Fall 5K
Saturday, October 13th, 2018
Riverview Park | St. Joseph, Michigan



Register Online at www.fit4fall5k.com

All proceeds go to:

Hospice at Home | LOGAN Autism Learning Center in Southwest Michigan | Alzheimer's Association

Chip Timing

Start Time: 5K Run/Walk will start at 9:00 am, Oct 13th

Early Race Packet Pick-up and on-site Registration:

Friday Oct 12th from 3:00 to 6:00 pm

Riverview Park, Woodbine Lodge

Race Day Check-In: 8:00 to 8:45 am, Oct 13th

Location: Riverview Park, Woodbine Lodge

Course: This is a **trail course** which begins and ends at Woodbine Lodge, taking runners and walkers through the park's scenic trails and wooded terrain. **Please note there is some uneven terrain on this course.**

Divisions: 9 & Under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over

Awards: First Overall Male & Female (Runner & Walker) Medals to 1st, 2nd, 3rd place M & F in each age group.

Mail completed form and payment to:

Fit 4 Fall 5K | c/o LECO Corporation | 3000 Lakeview Ave. | St. Joseph, MI 49085

Checks payable to: LECO Corporation

Registration Fees/Deadlines

- **Early Bird Registration (June 1st–Aug 31st)**
\$20 per individual
\$10 for youth 14 and under
- **Advanced Registration (Sept 1st–October 6th)**
\$25 per individual
\$15 for youth 14 and under
- **Standard Registration (October 7th–13th)**
Online Registration ends October 11th
Oct 12th from 3 to 6 pm at Woodbine Lodge
Oct 13th from 8:00 to 8:45 am at Woodbine Lodge
\$30 per individual
\$20 for youth 14 and under

Shirts and goody bags are guaranteed for the first 500 registrants only.

Part of the RACERS Run Forest Run Trail Series



Please print legibly

First Name _____ Last Name _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Birthdate (mm/dd/yy): _____ Age on Race Day _____ Phone _____

M ___ F ___ I will participate in: ___ 5K Run ___ 5K Walk **NOTE: Walkers may not do any running. If you plan on running at all, please register as a runner.**

Choose Shirt Size Youth Med ___ Lg ___

Adult XS ___ S ___ M ___ Lg ___ XL ___ XXL ___ (\$2.00 charge for XXL)

Emergency Contact Name _____ Phone _____

Waiver: *I have read the waiver printed on the back of this form, and voluntarily sign this Release and Waiver of Liability Agreement.*

Signature

(Legal guardian signature if participant is under 18).

Date

WAIVER & RELEASE

ALL PARTICIPANTS IN THE FIT-4-FALL 5K AND RELATED EVENTS ("5K") ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE 5K BY SIGNING THE RELEASE AND WAIVER OF LIABILITY AGREEMENT ON THE FRONT OF THIS FORM.

The undersigned Participant on behalf of himself/herself and on behalf of the Participant's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue LECO Corporation, Epic Race Timing, LLC, volunteers, officials and consultants and all municipal agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the 5K (collectively, "Releasees") from all liability to the Participant and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to the Participant or property or resulting in the death of the Participant, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the participation in the 5K.

The Participant represents and warrants that he/she is in good physical condition and is able to safely participate in the 5K. The Participant is fully aware of the risks and hazards inherent in participating in the 5K and hereby elects to voluntarily compete in the 5K, knowing the risks associated with the 5K, including, without limitation, weather conditions such as high heat and/or humidity, traffic and the condition of the road, all such risks being known and appreciated by the Participant. The Participant hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the 5K. The Participant hereby authorizes medical treatment as needed. The Participant agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. The Participant warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing participation in the 5K.