



Scare Away Hunger 5k – Registration & Waiver Form

- 5k Start Time:** Sunday, October 22, 2017 at 3:00 p.m. Children under 14 must be accompanied by an adult.
- Check-in:** Race check in 2:00 p.m. - 3:00 p.m. Race will be chip-timed.
- Registration:** To pay with credit card, register online at www.scareawayhungerrun.org. For other forms of payment, complete and sign the registration & waiver form below **for each participant**. Adult parent or guardian must sign for each child under 18 years old. Send your form and payment to the address listed at the bottom of this form. Register by October 12 to guarantee a t-shirt and lowest fee.
- Fee:** Student \$20, Individual \$25, Family or Group \$20 per person. Price increases by \$5 per person after pre-registration deadline of October 12.
- Location:** Rochester College, 800 W Avon Rd, Rochester Hills, MI 48307
- Course:** The course will begin at Rochester College, continue with a tour of the campus grounds and then direct you onto the beautiful Clinton River Trail. You will return and finish at Rochester College.
- Winner Awards:** Prizes will be given to 1st, 2nd and 3rd place top overall male and female winners as well as 1st place male and female winners by age as follows: 70+, 60-69, 50-59, 40-49, 30-39, 20-29, 14-19, 13 and under. Medals will be awarded to 1st, 2nd and 3rd place finishers (male and female) in all age categories.
- T-Shirt:** Register by October 12 to guarantee a t-shirt. Limited t-shirt availability on race day.
- Family Event:** 2:30 p.m. - 4:30 p.m. Autumn fun for the family included in race registration. Kid's crafts, face painting, dance presentations, music and more.
- Questions:** (248) 651-5836 or www.scareawayhungerrun.org or volunteer@ranh.org

Registration & Waiver Form below

Last Name: _____ First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number with area code: () _____
 Male/Female: _____ Birthdate: _____ Age: _____
 Email Address: _____ Receive email about future events? yes no
 Emergency Contact Name and Phone: _____

Entry type: **Before October 12:** Student \$20 Individual \$25 Family or Group: \$20 per person
After October 12: Student \$25 Individual \$30 Family or Group: \$25 per person

- I am not able to participate, but I would like to donate \$_____. I have enclosed a check made out to Neighborhood House.
- I would like to make an additional donation of \$_____ above the cost of my registration. I have enclosed a check made out to Neighborhood House.

Check # _____ Total Payment Amount _____

T-shirt size & quantity of each size (Men's sizes)

Adult: _____ S _____ M _____ L _____ XL _____ XXL _____ 3XL
 Child: _____ S _____ M _____ L _____ XL

READ WAIVER BEFORE SIGNING

Waiver: I know that running a road race is a potentially hazardous activity. I attest that I have trained sufficiently to participate in this event and I am physically fit. By submitting this form, I hereby, for myself, my heirs and my executors, waive and release all rights and claims for damages I may have against Rochester Area Neighborhood House and all their volunteers, Neighborhood House Clothes Closet and all their volunteers, Rochester College, Lake Norcentra Park, City of Rochester and all of their departments, City of Rochester Hills and all of their departments, Friends of Clinton River Trail, and all sponsors, and race management organization for injuries suffered by me in this event. I further represent that I am authorized to execute this Waiver and Release on behalf of all minors identified and listed on this Registration and Waiver Form and/or listed in family or group registrations. I am aware that pictures and/or videos of me/my child/my children/family may be taken at the Scare Away Hunger 5k run/walk and event. I do hereby give Rochester Area Neighborhood House, its assigns, licensees, and legal representatives the irrevocable right to use my name, these photos and/or videos to market and publicize the event and include but are not limited to: posting to websites, use in press releases, marketing materials and advertising, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. **Refunds will not be permitted.**

Participant Signature (or of parent/guardian if under 18 years old): _____

Date Signed _____

MAIL REGISTRATION & WAIVER FORM WITH PAYMENT TO:

Neighborhood House, 1720 S. Livernois Rochester Hills, MI 48307

Make checks payable to Neighborhood House. Write "Scare Away Hunger 5k" in the memo line.

OR REGISTER ONLINE: www.scareawayhungerrun.org

Revised 5/30/2017