

BEACH WELLNESS

10K &5K run, 5K walk; kids 1/4 mile run

MAY 16, 2009 - 10:00AM Start

- Location:** Bay City State Recreational Area,
3582 State Park Dr, Bay City, MI
- Directions:** North of Bay City, take I-75, Beaver Rd. exit #168, east 5 miles to park.
- Entry Fee:** \$10 w/out shirt, \$15 w/shirt.
\$5 kids run, no shirt 1/4 mile, medals to all participants
REDUCED ENTRY FEE: STATE PARK STICKER REQUIRED
- Entries:** Make checks payable to :
Friends of BCSRA/Wellness

Mail to: Beach Wellness, 706 Sidney St. Bay City, MI 48706
- Run Awards:** Overall Men & Women winner, plus 1st & 2nd place overall and in each age group, male & female
- Walk Awards:** Top 5 male & top 5 female overall
- Age groups:** 14-under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
- Course:** Blacktop, some trail, accurately measured.
- Results:** Posted- day of the race, available online
- Facilities:** Restrooms
- Refreshments:** Water, juice, cookies, fruit
- Information:** Kim Coonan (989) 684-7675 or kjcwcc@chartermi.net
Ernie Krygier (989) 233-3872
Bob Redmond (989) 895-4125

All proceeds donated for beach grooming!

Last name _____ First _____

Address _____

City _____ State _____ Zip _____ DOB ____/____/____ Race Day Age ____

Sex M ___ F ___ Phone (____) _____ 10Krun ___ 5Krun ___ 5Kwalk ___ Kids Run ___

T-shirt size- sm ___ med ___ lg ___ xl ___ xxl ___ no shirt ___

I know that running or walking a road race is a potentially dangerous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of any race official relative to my ability to safely complete this event. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic and the condition of the road, 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 BCSRA and its sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event.

Signature of participant (parent signs if child is under 18) _____ **Date** ____/____/____