



Ewen Medical-Dental Center
P.O. Box 260
Ewen, MI 49925

ONTONAGON OUTBACK 5K RUN/WALK RACE

PRE-REGISTRATION FORM



Upper Peninsula Road Runners Club
P.O. Box 1023, Marquette, MI 49855
www.uprrc.org

FIRST NAME: _____ **LAST NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: () _____ **AGE ON RACE DAY:** _____ **SEX:** M F

ALLERGIES/MEDICATIONS:

T-SHIRT SIZE: S M L XL (circle one)

ENTRY FEE: \$15.00 (Includes T-Shirt)

DISCLAIMER: I hereby waive any and all rights of claim for damages arising from injury incurred while participating in the "Ontonagon Outback 5K Run/Walk". I also hold harmless all sponsors, organizers, and race officials for any and all damages or injuries suffered by me. I have properly trained for this event and realize I am liable for any and all medical expenses incurred because of this race. I solemnly vow that I will not grouse, whine, curse or otherwise display unsporting behavior during this hallowed event, and I understand that shortcuts are not allowed except to avoid a bear.

SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____
(if under 18)

RACE INFORMATION:

Date: Saturday, July 25, 2009

Time: 9:00 a.m. (EST)

Place: Ontonagon County Fairgrounds
Greenland, Michigan - (Paved Run)

Make Checks payable to: Ewen Medical-Dental Center, P O Box 260, Ewen, MI 49925