



Summerfest Run 2019

Entry Form

Race Details:

Saturday, August 24, 2019

Race Day Headquarters:

Hastings Middle School
232 West Grand Street
Hastings, MI 49058

Register Online:

spectrumhealth.org/summerfestrun

Or Mail entry from with payment to:

ATTN: Tina Frank
Spectrum Health Pennock Health & Wellness Center
915 West Green Street
Hastings, MI 49058

Complete all information below for mail entry:

Name

Phone

Address

City/State/Zip

Date of Birth

Email

Emergency Contact (name and phone)

Sex: M F

Shirt Size: XS S M L XL XXL

Race: 10K 5K Run/Walk

**Participants who pre-register by Sunday, August 18, 2019
are guaranteed to receive a shirt.**

Registration (spectrumhealth.org/summerfestrun)

Race	Before August 18	After August 18
10K Race Race Start 8:15 a.m.	\$30	\$35
5K Run & Walk Race begins at 8:30 a.m.	\$25	\$30

Event Check-in and Late Registration

Date	Time	Location
Friday, August 23	4 p.m. to 7 p.m.	Pennock Health & Wellness Center 915 W. Greet Street
Saturday, August 24	7 a.m. to 8:15 a.m.	Hastings Middle School, cafeteria 232 W. Green Street

Please Read and Sign - I verify that I know running a road race is a potentially hazardous activity. I certify I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather (including icy conditions, extreme cold, rain) traffic and the conditions 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 Spectrum Health Pennock Summerfest Run, the City of Hastings, Spectrum Health Pennock Health & Wellness Center, Spectrum Health system and its subsidiaries, affiliates, employees, agents and contractors, vendors, and all other sponsors, their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purposes. The event director has the right to cancel this event without refund in case of severe weather.

Signature of participant (or parent/legal guardian if under 18)

Date

Payment Options:

Enclosed check for a total of: \$ _____

Payable to: Spectrum Health Pennock, Memo line: Summerfest Run

Please charge my credit card a total of: \$ _____

Visa Master Card Discover American Express

Name on card

Card Number

Code on back

Expiration Date

Billing Zip

Signature

Spectrum Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
[81 FR 31465, May 16, 2016; 81 FR 46613, July 18, 2016]

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.359.1607 (TTY: 711).

إذا كنت تتحدث اللغة العربية، فيمكنك الحصول على المساعدة اللغوية المتاحة مجاناً. اتصل على الرقم 1.844.359.1607 (TTY: 711).