

## Salmon Run 5K/10K Volunteer Registration Form

E-mail to SalmonRun5K@gmail.com or mail to GHYP Salmon Run 5K/10K, 225 Franklin Avenue, Grand Haven, MI 49417

Name:				Age:	Gender: _		
Address:				City/State/Zip:			
Phone:				E-mail:			
T-Shirt Size:	Male Shirt Sizes	SM	MED	LG	XL	XXL	
**If you want	a shirt it will be \$10.00.	We can't gu	iarantee a sl	hirt if you sign up	after Augu	ıst 28 <sup>m</sup> .	
	all volunteers to Register to y 7:30 am on Race Day (						sin Ave,
We need volun	iteers to be able to give ap	proximately	2-2.5 hours	of their time. We p	redict the 10	0K will end between 9:4	5-10:00
not participate official relative to, death, falls, known and app I for myself an the City of Gra & Visitors Burschool districts participation in	delease:  aning or working a road rate or volunteer to work unled to my ability to safety or contact with other participareciated by me. Having red anyone entitled to act out and Haven, Race Sponsors reau, all race directors, of states, vendors and company in this event. I grant permiss this event for any legitimes.	ess I am med complete the repants, the effect ead this waive in my behalf, s, Salmon Fest ficials and version to all of	ically able a run. I assume ects of the we er and know waive and re stival Sponse olunteers, al	nd properly trained e all risks associated eather, traffic and the ing these facts and elease the Grand Hors, Mary A White I associated sponse from all claims of	I. I agree to d with this he condition in considera aven Young School, The ors, their re f liabilities	a abide by any decision of event, including, but not not all roads, all such ristion of your accepting not grofessionals, Salmon as Grand Haven Area Corpresentatives and success of any kind arising ou	of a race t limited ks being ny entry, Festival, nvention ssors, all t of my
Signature of P	Participant:				Date:		
	guardian of the above-n my child or ward to partic the document.						
Signature of P	Parent/Guardian:				Date:		

