

Patti invites you to train with her for the 2020 Angels' Place Race 5K!

Patti Braunreuther is passionate runners and are looking forward to training with you. Patti is a NASM personal trainer.

STRENGTH TRAINING:

When: Wednesday, 6:15pm – 7:15 pm (starting April 1st until April 29th)

Where: Deer Lake Athletic Club (6167 White Lake Rd, Clarkston, MI 48346).

RUN TRAINING: participants are encouraged to use the following C25K App on their phones:

Please go to the App Store – and get C25K 5K Trainer (Couch Potato to Running 5K) App and for those runners wanting to transition to the 10K Run, get 10K Trainer by C25K (C210K Couch to 10K Training) App.

You can sign up on our website for the C25K Training at www.angelsplacerace.org (refer to the C25K Club Tab – download the necessary C25K Forms) and sign up. All C25K Training Participants MUST sign and complete the 2020 Angels' Place Race 5K Registration and Waiver Forms.

As with any physical training, please consult with your doctor before you start. We hope to see you on April 1st at 6:15pm!





Angels' Place Race Registration Entry Form 2020 – PLEASE PRINT (* = required fields).

Manual registration ends 5-3-2020.

*Last Name: _____ *First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Phone: _____ E-Mail: _____

*Birth Date: _____ *Gender: Male, Female, *Age: _____ *Race: 10K 5K 5KWalk Fun walk

*Check T-Shirt Size: Youth YXS YS YM YL Adult S M L XL 2XL 3XL

(T-shirt availability is not guaranteed for those registering after 5-3-2020.)

[\(Registration Fees increase after 5-3-2020\)](#)

Individual Registration: \$35 **(Manual registration ends 5-3-2020)** _____

Family/Team Registration**: \$70 **(Manual registration ends 5-3-2020)** _____

**Complete individual registration forms for each family/team member participating, max. 4 family/team members

(For group registrations 5 or more contact Rick Clark at rlclark100@comcast.net)

1 Mile Family Fun Walk: \$40/family **(Manual registration ends 5-3-2020)** _____

(max. 4 immediate family members)(T-shirt included)

Registration Fee _____

Donation _____

TOTAL ENCLOSED _____

ON RACE DAY A limited supply of T-Shirts will be available to purchase for \$5.00 each.

RACE PACKET PICK UP, St. Daniel Church-Cushing Center, Friday, 5-15-20, 5:30-7:00 p.m. or race day 7:30a.m.

▶ **DISCLAIMER MUST BE SIGNED BY ALL PARTICIPANTS:**

Please accept my entry in the Angels' Place Race (the "event"). I understand that no refunds will be given in the event that I am not able to participate in, or complete, this event. Angels' Place Race Committee, in accordance with management, city officials and local law enforcement has the authority to cancel any of the events for emergency purposes such as, but not limited to, inclement weather or threat of terrorism. If such emergency conditions force cancellation, refunds are not provided since funds will have been spent in preparation for the event. T-shirts will be distributed. By signing my name below, I hereby certify that I have read all the terms and conditions of this release, including the Participation Waiver and do intend to be legally bound thereby.

I agree to the terms of the Angels' Place Race Waiver

Angels' Place Race Participation Waiver: I acknowledge that my participation in the Angels' Place Race (the "event") involves rigorous physical activity, is potentially hazardous and I should not participate unless I am in proper physical condition. I agree to abide by any decision of an event official about my participation in the event. I assume all risks associated with participation in the event, including: the negligence of agents, sponsors, or employees of Angels' Place, or the Race Committee and other event participants, the effect of weather, traffic and road/sidewalk/trail conditions, all such risks being known and appreciated by me. In consideration of the acceptance of my entry, I, for myself and my heirs, successors and representatives, release Angels' Place, all event sponsors, the Race Committee, as well as agents or employees of the foregoing and any volunteer or group associated with this event from all claims for injury, damages or liabilities of any kind arising out of my participation in this event. I grant to Angels' Place, its agents, employees and event sponsors the right, for any and all purposes, to free use of my name, voice, photographs and videos of participation in the event.

PARTICIPANT (OR PARENT IF UNDER 18) SIGNATURE _____

▶ Please Make Checks Payable to: **Angels' Place (Please write in the memo field, "5-16-20 Angels' Place Race")**.

▶ Please Mail to: **Angels' Place Race, Shannon Keen, 7795 Maceday Lake Road, Waterford, MI 48329**

For additional information please visit www.angelsplacerace.org



Waiver for C25K Training Program

Please accept my entry in the Angels' Place Race C25K Race Training Program. By signing my name below, I hereby certify that I have read all the terms and conditions of this release, including the Participation Waiver and do intend to be legally bound thereby. I agree to the terms of the Angels' Place Race C25K Training Waiver

Angels' Place C25K Training Participation Waiver: I acknowledge that my participation in the Angels' Place C25K (the "event") involves rigorous physical activity, is potentially hazardous and I should not participate unless I am in proper physical condition. I agree to abide by any decision of a training official about my participation in the training. I assume all risks associated with participation in the training, including: the negligence of agents, sponsors, or employees of Angels' Place, or the Race Committee and other training participants, the effect of weather, traffic and road/sidewalk/trail conditions, all such risks being known and appreciated by me. In consideration of the acceptance of my entry, I, for myself and my heirs, successors and representatives, release Angels' Place, all training sponsors, the Race Committee, as well as agents or employees of the foregoing and any volunteer or group associated with this training from all claims for injury, damages or liabilities of any kind arising out of my participation in this training. I grant to Angels' Place, its agents, employees and event sponsors the right, for any and all purposes, to free use of my name, voice, photographs and videos of participation in the training.

Participants name: _____

Email: _____ Phone: _____

Participants signature (or guardian if participant is under the age of 18): _____

Emergency Contact _____ Phone Number _____