



Rotary Club of Cadillac

22nd Annual

STRIDE for S.T.R.I.V.E. 5k

Students Taking a Renewed Interest in the Value of Education

Memorial Day 5k Run/Walk | Monday, May 25, 2020

Starts and ends at Veterans Memorial Stadium at Cadillac High School

Race Day Registration @ 7 am | Race starts @ 8:30 am

THANKS TO OUR GENEROUS SPONSORS, hundreds of youth participate at no charge!

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|-----------------------------------|---------------------------------|----------------------------|
| • Dynamic Physical Therapy | • Don's Auto Clinic | • Mercantile Bank |
| • Baker College of Cadillac | • Edward Jones–Amy Schmid | • Munson Cadillac Hospital |
| • Cadillac Area Public Schools | • Farm Bureau Courtright Agency | • Pine Grove Athletic |
| • Dental Health Professionals | • Fekete, Knaggs & Burr Ins. | • Rexair |

\$25 Preregistration or \$30 Race Day
Preregistration ends May 24 at noon

T-shirts guaranteed for first 400
Online registration: <https://bit.ly/37w5U2Z6>

Mail Registration Form to address below OR bring on race day

Name: _____		Date: _____
Email: _____		Gender: Male Female
Address: _____		(circle one)
City: _____	State: _____	Adult T-shirt size: (circle one)
Age on race day: _____	Date of Birth: _____	XS – S – M – L – XL – XXL

I know that running a road race is a potentially hazardous activity, which could cause injury or death. By my signature, I certify that I am medically able to perform this event. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, weather, traffic and road conditions. 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 Cadillac Rotary Club, Epic Race Timing, the City of Cadillac and all event sponsors and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of those named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand there are no refunds in the event of cancellation.

Signed: _____	Date: _____
Parent/Guardian if under 18: _____	Date: _____

Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHECK/MONEY ORDER	
Name on card: _____	
Address of cardholder: _____	
Send check (no cash) payable to: ROTARY CLUB OF CADILLAC Mail to: STRIDE for S.T.R.I.V.E. P.O. Box 481 Cadillac, MI 49601	Credit Card Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Expiration Date: <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> <div style="flex: 1; border-right: 1px solid black; height: 15px;"></div> <div style="flex: 1; border-right: 1px solid black; height: 15px;"></div> <div style="flex: 1; height: 15px;"></div> </div> CVN: (on back of card) <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> <div style="flex: 1; border-right: 1px solid black; height: 15px;"></div> <div style="flex: 1; height: 15px;"></div> </div>