



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

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

- **Dynamic Physical Therapy**
  - Rexair
  - Dental Health Professionals
  - 4Front Credit Union
  - Baker College of Cadillac
  - Cadillac Area Public Schools
  - Munson Healthcare Cadillac Hospital
  - United Way of Northwest Michigan
  - Forest Area Federal Credit Union
  - Holiday Inn Express
  - Edward Jones - Amy Schmid
  - **Wexford Senior Care Center**
  - Cadillac Area Community Foundation
  - CACF Youth Advisory Committee
  - Baker Auto Group

**T-shirts guaranteed for first 400**  
Online registration: <https://bit.ly/3trLQK3>

**Mail Registration Form to address below OR bring on race day**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Gender: Male Female  
 Address: \_\_\_\_\_ (circle one)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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:		
<b>Send check (no cash) payable to:</b> <b>ROTARY CLUB OF CADILLAC</b> Mail to: STRIDE for S.T.R.I.V.E. P.O. Box 481 Cadillac, MI 49601	Credit Card Number	
	Expiration Date:	CVN: (on back of card)