

Saturday, SEPTEMBER 19, 2020

McNabb Park

932 S. Pine River St. Ithaca, MI 48847



AGRI-FIT CHALLENGE REGISTRATION FORM

Name				
Address				
City	State	Date of Birth	(Under 18 requires	parental waiver)
Start Time Choice (*see b			next time available)	
Phone#		Shirt sizes -Yo	outh: Adult:	
-Kids Challenge race will begin at -Agri-Fit Challenge Obstacle 5K Ru -Other facts for the race: You can find us on Facebook, Gratiot Area	ın/Walk will begin at 9am sharp! get more details by visiting our v	*There will be 25 people per vebsite at www.gratiot.org, be	wave with 15-minute intervals. sure to choose the Chamber icor	ı; you can also
Kids Challenge (Ages	s 7-13): \$15 before Se	ept 1, 2020 - \$20 on	/after Sept 1	
Agri-Fit Challenge (A	nges 14+): \$40 per pe	rson before Sept. 1,	2020 - \$50 on/after \$	Sept 1
To signup	online visit: www.ru	nsignup.com, searc	th "Agri-Fit Challenge	
Checks made payable to	: Gratiot Area Chambe	r of Commerce 110	O W Superior St., Alma, M	48801
damages or injuries that I may have a	gainst the Event Director, RunSignup d all injuries to me or my personal pro	.com, and all of their agents assist operty. This release includes all in	e and forever release any and all right ing with the event, sponsors and their uries and/or damages suffered by me histrators, or assignees.	r representatives,
assume all risks associated with runni and waive any and all claims which I n known and understood by me. I agree	ng in this event including, but not lim night have based on any of those anc to abide by all decisions of any race	ited to: falls, contact with other p I other risks typical found in runni official relative to my ability to sa	am medically able to do so and prope articipants, the effects of weather, an ng an obstacle race. I acknowledge all fely complete the run. I certify as a ma is event and that a licensed Medical D	d course conditions, such risks are aterial condition to
	sician any treatment deemed necess	ary for my immediate care. I agree	ny consent to the Event Director to sec e that I will be fully responsible for pay treatment and hospitalization.	•
infection as determined by the Mid-I content/uploads/2020/04/COVID-19	Michigan District Health Department -Workplace-Health-Screening.pdf). I	before the race (see here for def understand that the Race Direct	ng the event if I show any signs of po cails: https://www.mmdhd.org/wp- or may require me to conduct and sig no refunds if I am unable to participal	n a self-assessment
government restrictions due to COVI understand that the race director and	D-19. In the event of a virtual race the difference that the Gratiot Area Chamber of Comn	ne Race Director will provide inst nerce are not liable should I, anyo	I race if they believe the race will affor ructions on how to time and submit y one I bring to the event, or anyone I o tory measures as needed at the time	our time. I also come in contact
	my name, voice and images of myse	-	read and agreed to the above release ures, results, publications or any othe	_
Signature:	Parent/	Guardian:	Date:	