

WEDGWOOD

CHRISTIAN SERVICES

50

years of transforming lives
one child at a time

Title Sponsor:



WEDGWOOD WELLNESS

5K RUN WALK

*A Tribute to
Terry Chamberlain's Legacy*

**Saturday,
September 11, 2010**

Wedgwood Christian Services
3300 36th Street SE, Grand Rapids
Corner of Shaffer and 36th Street

9:00 a.m. start — Chip timing will be used.
Cross Country Course

**Fill out the registration form on
the other side and return before
August 11 for EARLY Registration!**



Proceeds raised will support our Transforming Services.
For more information, visit wedgwood.org. (616) 942-2392

Wedgwood Wellness 5K Run/Walk ■ September 11, 2010 ■ 9 a.m.

Registration Form *(One form per registrant)*

Name: (First) _____ (Last) _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Emergency Contact Name/ Phone: _____

Birth date: _____ (MM/DD/YY) Age: (as of 9/11/10) _____

Sex: Male Female Participation: Run Walk

Fees: **Early Registration** before August 11, 2010: **\$15**

Regular Registration August 11 - September 8, 2010: **\$20**

Ages 13 and under: (Children must be accompanied by a registered adult participant)

Without 5K T-shirt: **No charge**

With 5K T-shirt: **\$5**

In addition to my registration fee, I would like to donate \$ _____.

Long-Sleeve 5K T-shirts: (Registration must be received by Sept. 1 to be guaranteed a T-shirt)

Adult: S M L XL XXL XXXL Youth: S M L

Payment Options: (can include multiple registrations) **Total Amount:** \$ _____

Check (payable to Wedgwood Christian Services) Visa MasterCard

Card #

Name on Card: _____ Exp. Date: _____

Security # _____ Signature: _____

(last 3 digits on back of card)

Waiver: I know that running/walking in a race is potentially hazardous. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risk associated with running/walking in the event including, but not limited to, falls, contact with other participants, effects of weather, traffic and surface conditions, all such risks being known and appreciated by me. Having read this waiver and knowing the facts and in consideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release Wedgwood Christian Services, City of Kentwood, Fellowship Greens Golf Course, Epic Race Timing LLC, and all other sponsors and vendors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that the event director has the right to cancel this event in case of severe weather. Event fees non-refundable. **As a participant, I agree to use a rental transponder chip provided by the race and will return it after the race. If the rental transponder chip is not returned, I will be charged a \$30 fee.**

5K Run/Walk Packet Pick Up will be held at Wedgwood Christian Services
Saturday, Sept. 11 7:30 - 8:45 a.m.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

if participant is under 18

Please mail completed registration form(s) with payment to:

Wedgwood Christian Services, 3300 36th Street SE, Grand Rapids MI 49512-2810