



BELIEVE IN MIRACLES

RUN/WALK - 5K

Help make Miracles happen for children with life-threatening illnesses.
Saturday, June 8th, 2024 * 9am 5k * Troy High School

Entry Form 2024

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Birth Date: _____ Age: _____ Sex: Male Female Event: 5K Run/Walk 1 Mile Walk

Circle Shirt Size for dry-fit shirt: **Adult** XS S M L XL 2XL

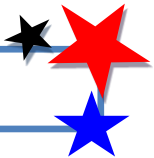
(Running shirt availability is not guaranteed for those registering after 5-26-2023)

Registration: 5k, chip timed - \$35 (until 5-24-2024), **\$40 (after 5-24-2024)** _____

1 Mile Walk - \$25 (until 5-24-2024), **\$30 (after 5-24-2024)** _____

ON RACE DAY A limited supply of our dry-fit running shirts will be available to purchase for **\$10.00**

Registration Fee _____
Donation _____
TOTAL ENCLOSED _____



You can pick up your race packet (including shirt) at Troy High School, Friday, June 7th, 2024, 4:00-7:00 p.m. or race day 7:30a.m.

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

Please accept my entry in the JennaThon Run/Walk (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. JennaThon 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 JennaThon Run/Walk Waiver

JennaThon Participation Waiver: I acknowledge that my participation in the JennaThon Run/Walk (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 JK Believe in Miracles, or the Race Committee and other event participants, the acceptance of my entry, I, for myself and my heirs, successors and representatives, release JK Believe in Miracles, 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 JK Believe in Miracles, 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: **JK Believe in Miracles**
- Please Mail to: JK Believe in Miracles, 1977 East Wattles Rd, Unit E, Troy, Michigan 48085

Sponsored by:



For additional information please visit www.believeinmiracles.org
For secure on-line registration use the QR code.

