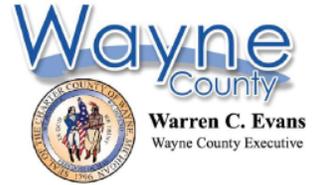


WAYNE COUNTY PRESENTS

HEROES ON HINES

HALF MARATHON AND 5K • OCTOBER 1, 2016



NOT OFTEN IN LIFE ARE WE GIVEN A CHANCE TO BE HEROIC, PLEASE JOIN US AS WE RUN IN HONOR OF THE FALLEN FIRST RESPONDERS WHO HAVE GIVEN ALL, FOR US.

PLEASE BE ONE OF THE HEROES ON HINES, OCTOBER 1ST, 2016.

ANYBODY IS WELCOME TO RUN OR WALK IN THE HALF MARATHON OR 5K. FIRST RESPONDER DIVISIONS WILL HAVE THE OPPORTUNITY TO CREATE TEAMS FOR CAMARADERIE AND COMPETITION!



FIRST RESPONDERS MEMORIAL

TO REGISTER, MAIL THIS FORM TO: ATTN. KIM HEALY, 33175 ANN ARBOR TRAIL, WESTLAND, MI 48185, OR REGISTER ONLINE AT WWW.HEROESONHINES.COM IF REGISTERING THROUGH MAIL, MAKE CHECK OR MONEY ORDER PAYABLE TO "FRIENDS OF WAYNE COUNTY PARKS." FEES ARE NON REFUNDABLE. NO RACE TRANSFERS.

PLEASE CHECK:

- I AM RUNNING AS A FIRST RESPONDER (ON A COMPETING TEAM)
- I AM RUNNING IN SUPPORT OF FIRST RESPONDERS FOR THE COMMUNITY SPIRIT COMPETITION (ON A TEAM)
- I AM RUNNING AS AN INDIVIDUAL

RACE DISTANCE	THRU 9/5	9/6 THRU NOON 9/29	RACE WEEKEND 9/30 & 10/1
5K	<input type="checkbox"/> \$29	<input type="checkbox"/> \$34	<input type="checkbox"/> \$40
HALF MARATHON	<input type="checkbox"/> \$49	<input type="checkbox"/> \$59	<input type="checkbox"/> \$70

TEAM NAME (IF APPLICABLE): _____
(FOR A LIST OF TEAMS AVAILABLE PLEASE CHECK OUR ONLINE REGISTRATION FORM)

FIRST NAME: _____ LAST NAME: _____ AGE ON 10.1.16: _____

GENDER: MALE FEMALE E-MAIL ADDRESS: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

SHIRT SIZE: SMALL MEDIUM LARGE XL XXL (ADD \$2)

WAIVER AND RELEASE OF LIABILITY: IN CONSIDERATION OF ACCEPTANCE OF MY ENTRY, I, FOR MYSELF, MY EXECUTORS, ADMINISTRATORS, AND ASSIGNEES, DO HEREBY RELEASE AND DISCHARGE WAYNE COUNTY PARKS, FRIENDS OF WAYNE COUNTY PARKS AND ITS MEMBERS, RF EVENTS, ALL SPONSORS, SUPPORTERS AND SPECTATORS OF WAYNE COUNTY HEROES ON HINES HALF MARATHON AND 5K FOR ALL CLAIMS AND DAMAGES, ACTIONS WHATSOEVER IN ANY MANNER ARISING FROM MY PARTICIPATION IN SAID EVENT. I ATTEST AND VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED. I AM PHYSICALLY FIT AND HAVE MY PHYSICIAN'S APPROVAL.

I HAVE READ AND ACCEPT THE TERMS OF THE WAIVER ABOVE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE IF UNDER 18: _____ DATE: _____

TO REGISTER ONLINE OR FOR RACE DETAILS (START TIMES, PACKET PICK UP, ETC):

WWW.HEROESONHINES.COM