



Monday, July 4, 2016

Color Run sponsored by:
 William J. Starbird, MD, FAAFP and Anita Schierlinger, MSN, FNP-BC
 North Branch Family HealthCare of Marlette Regional Hospital

Entry fees (non-refundable) cash/check only
 \$20.00 Walk/Run before June 24, 2016 — \$25.00 After June 24, 2016
 7 years and younger are free (t-shirt not included)

Make checks/money orders payable to:
 North Branch Days Committee

Mail completed registration form and entry fee to:
 North Branch Family HealthCare
 4000 Huron Street, P.O. Box 180
 North Branch, MI 48461
 Note on envelope: North Branch Days Freedom Run

Any questions, please call 810-688-3048

Check-in
 Morning of event registration and check-in: 7 a.m. – 7:30 a.m.
 North Branch Family HealthCare

Start time
 Walk/Run: 8 a.m.
 Non-timed event. Concludes by 10 a.m.

*Bring the family and join
 in the fun—at the
 Freedom **COLOR** Run!*

North Branch Family **HealthCare**

OF MARLETTE REGIONAL HOSPITAL
Proceeds benefit the North Branch Days Fireworks Fund

Detach this completed form and send with entry fee to: North Branch Days Freedom Run, North Branch Family HealthCare, 4000 Huron Street, P.O. Box 180, North Branch, MI 48461

Name: _____ **Male / Female**

Address: _____ **Birth Date:** _____ **Age:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

In case of an emergency call- Name: _____ **Phone:** _____

Event entry fee: \$20.00 before June 24, 2016 or \$ 25.00 after June 24, 2016 (7 years and younger are free)

Please note: The entry fee for all pre-registered participants includes a t-shirt. Please register by June 24, 2016 to ensure that you receive the appropriate t-shirt size. We only order a certain number of extra shirts for the day of the event. Thank you.

Please check size: Youth SM Youth MED Youth LG SM MED LG X-LG XX-LG

Waiver: Running a road race involves risks of serious injury. Potholes and other surface debris exist on the course. Motorists, cyclists, pedestrians, and animals may accidentally or deliberately create hazards. Also, the physical strain of a long distance race can lead to serious health problems. I have read and understand this statement and agree to assume all risks of personal injury or other physical or emotional ailment. I hereby waive all liability, claims against the city of North Branch, Lapeer County, Sanilac County, any and all sponsors.

Signature: _____ **Date:** _____

Signature (parent or guardian if under 18 years of age): _____