

All proceeds benefit the students of Adrian Public Schools



in conjunction with



Starting time: 9 A.M.

Beginning at:
Adrian Middle School 7-8
(615 Springbrook Ave.)
through the streets of Adrian

Race Day Registration
starts at 7:30 A.M.

Race sponsored by Richard & Jacqueline Youngs, DDS

Register by Friday, January 20
to receive a long sleeved T-shirt
\$20: 5K Road Race \$15: 1 Mile Walk

After January 20 or on Race Day:
Shirts will be limited on Race Day
\$25: 5K Road Race \$20: 1 Mile Walk

AWARDS: Ceremony will follow the race. Awards to overall male and female and the top 2 finishers in each male and female age division: 7-10, 11-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

Call 517/263-2911 for race info web: www.theadrianmaples.com - click on Education Foundation.

CHOCOLATE HUSTLE REGISTRATION FORM

Name: _____ 5K Walk Age on 2/4/12 _____ Sex: M F

Address: _____ City _____ ST _____ Zip _____

Email: _____ Race Day Phone: _____ - _____ - _____

Date of Birth: ____/____/____ Shirt Size: Adult - S M L XL X

I know that participating in a road race can be a potentially dangerous activity. I should not enter unless I am medically able and physically trained. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of weather, traffic and conditions of the road/path, all such risks known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Chocolate Festival Committee (including the 5K race committee), Adrian Public Schools, Adrian Schools Educational Foundation and its trustees, sponsors and volunteers, as well as the City of Adrian from all claims or liabilities of any kind arising out of my participation in this event. In addition, I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

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

Pre-Registration: Adrian Schools Educational Foundation, 785 Riverside Ave, Ste 2, Adrian, MI 49221.

Make checks payable to: **Adrian Schools Educational Foundation (ASEF)**

Office Use: \$ _____ Ck# _____ Cash Date Recd: _____