

1st Annual Outrun  
**PANCREATIC  
CANCER 5K**



**STONY CREEK  
1<sup>ST</sup> ANNUAL OUTRUN  
PANCREATIC CANCER 5K  
SUNDAY, OCTOBER 14, 2012**

**Funds raised will be donated to the Pancreatic Cancer Action Network**

**WHEN AND WHERE: Sunday, October 14, 2012 (rain or shine)**

- *REGISTRATION:* begins at 8:30 a.m. at the Oakgrove-A Pavilion inside Stony Creek- Metro Park  
4300 Main Park Road, Shelby Township, 48316
- *START TIME:* 5K Run begins at 9:30 AM (pull-tag timed)  
5K Memory walk begins at 9:40 AM (not timed)
- *PARKING:* There is a \$5 fee to enter the park. Upon entering please ask for a map and locate the Oakgrove-A Pavilion

**COST:** *Please register online at [www.RaceRaceRace.com](http://www.RaceRaceRace.com)*

- 5K Run- \$25 by 9/30 \$30 thru 10/13
- 5K Memory Walk- No registration fee or awards.

Donations kindly accepted through

<http://www.firstgiving.com>

Search "First Annual Outrun Pancreatic Cancer 5K"

**If you are unable to register online please register by mail.  
Complete the registration form, sign the waiver and mail with your payment!**

**REGISTRATION FORM**  
**PLEASE PRINT NEATLY IF MAILING IN**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age at time of race: \_\_\_\_\_

Amount Due:      \$25 by 9/30 \_\_\_\_\_      \$30 thru 10/13 \_\_\_\_\_

Please circle:      Male      Female

Please circle:      Small      Medium      Large      Extra Large

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**Waiver: In consideration of my participation in this event, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive all rights and claims for damages I may have against Stony Creek - Metropark, Shelby Township, County of Macomb, race directors, event officials, A2 Race Management LLC, volunteers, and any suppliers, agents independent contractors, employees and any other personnel in any other way assisting or connected with this event and the sponsors of this event, their agents, representatives, land owners, successors and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in and returning from this event. I further state that I am in a proper physical condition to compete in this event. I understand that participating in this run includes an element of risk for me and I should not participate unless the I am physically able and properly conditioned. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials may authorize emergency treatment for me. I also understand that vehicle traffic and spectators may be present along the course, and I assume any contact with spectators, other participants, the effects of the weather (including temperature extremes and humidity) and other surface conditions of the roads and sidewalks; all such risks being understood and appreciated by me. I agree to abide by all rules of this event. I also understand that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me without liability or obligation to me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or legal guardian required for participants under the age of 18.  
Please no bikes, roller blades, skateboards or other hazards – thank you.

**Send checks payable to:**  
Outrun Pancreatic Cancer, 12850 Daily, Sterling Heights MI 48313