



WE JOINED
THE MOVEMENT



Lapeer County MS Run 2016

Bib # _____

Saturday, Sept. 17, 10:00 a.m.

[\(admin Fill Out\)](#)

Last Name: _____

First Name: _____

Hometown: _____ Zipcode, _____

Email: _____

Gender: (Circle One) M F Age on Race Day: _____

T-Shirt Size: (Circle One) S M L XL 2XL 3XL

Make checks payable to: St. Paul's Lutheran Church

Waiver of Participation:

I assume all risks of participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, and traffic & conditions of the road. I, for myself and anyone entitled to act on my behalf, waive & release St. Paul's Lutheran Church, MS Society, A2 Race Management and all sponsors, workers, officers, officials and volunteers from any claims or liabilities of any kind arising out of my participation in this event.

Signature: _____

(Parent/guardian signature required if under 18 years of age)



National
Multiple Sclerosis
Society
Michigan Chapter