

## 9th Annual BEACH WELLNESS

10K & 5K run, 5K walk; kids ¼ mile run

**June 20, 2015 - 9:00AM Start**

**Location:** Bay City State Recreational Area  
3582 State Park Dr, Bay City, MI

**Directions:** North of Bay City, take I-75, Beaver Rd.  
Exit #168, East 5 miles to Park

**Entry Fee:** \$15 without shirt, \$25 with shirt  
Kids \$5 (¼ mile run) no kids shirt



**Help to support our Parks & Purchase Your State Park Recreation Passport**

**Entries:** Make checks payable to:  
Friends of BCSRA/Wellness

Online Registration: runsignup.com

Mail to: Beach Wellness, 706 Sidney St. Bay City, MI 48706

**Run Awards:** Overall Men & Women winner

**Walk Awards:** Overall Men & Women winner

**Age groups:** **All Participants receive a Beach Wellness Souvenir Medal**

**Course:** Blacktop, some trail, accurately measured

**Results:** Posted- day of the race, available online

**Facilities:** Restrooms

**Refreshments:** Water, juice, cookies, fruit

**Information:** Kim Coonan (989) 684-7675 or [kjcwcc@att.net](mailto:kjcwcc@att.net)  
Ernie Krygier (989) 233-3872 or [elkrygier@chartermi.net](mailto:elkrygier@chartermi.net)  
Bob Redmond (989) 895-4125

**All proceeds donated for beach grooming!**

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Race Day Age \_\_\_\_\_

Sex M \_\_\_ F \_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ 10Krun \_\_\_ 5Krun \_\_\_ 5Kwalk \_\_\_ Kids Run \_\_\_

T-shirt size: sm \_\_\_ med \_\_\_ lg \_\_\_ xl \_\_\_ xxl \_\_\_ no shirt \_\_\_

I know that running or walking a road race is a potentially dangerous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of any race official relative to my ability to safely complete this event. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic and the condition of the road, all such risks being 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 BCSRA and its sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event.

Signature of participant (parent signs if child is under 18) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_