

# Orthopaedic Rehab's

## 8k-5k-kids run

### 20th Anniversary

# APRIL 16th

# FOR

### Packet Pickup and Late Registration:

Early packet pickup is available at **Orthopaedic Rehab Specialists, 206 Page Ave., from 4:30pm-6:00pm on Friday, April 15th**. Late registration and packet pickup is also available *on race day from 6:30am-7:45am at Kuhl's Bell Tower Market, 117 Louis Glick Hwy.*

### Start Times:

8k Run: 8:00am  
5k Run & Walk: 8:15am  
Kids Fun Run: 9:30am

### Awards:

Top male & female finishers of Open & Masters Divisions in both the 8k/5k Run & 5k walk will receive prizes, as well as, the top three finishers in each age group.  
**\*The 5k Walk is a non-monitored event.**

- All entrants receive the coveted ORS technical shirt.
- Jackson's BEST "In-Training" shirts for 1st 100 entrants!
- Enjoy a complementary post-race breakfast at Kuhl's Bell Tower Market! Additional breakfast can be purchased for \$7(adults) and \$5 for children under 12.

### Jackson Citizen Patriot Series:

All entrants in the 492xx zip codes will be entered in the 2011 Jackson Citizen Patriot Running/Walking series.



### For more information:

Contact Bob Gilmore, Race Director at: 517-788-1121(daytime) 517-782-2071(evening) Or email Karyn: karyn@orsmi.com

★ Register online at [www.orsmi.com](http://www.orsmi.com)!

Full Name: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
Street Address Apt.#/Unit#

City State Zip Code

Day Phone: ( ) Email: \_\_\_\_\_

Shirt Size: S M L XL XXL

Age: \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (required for place)

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions 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 form myself and anyone on my behalf, waive and release Orthopaedic Rehab Specialist, P.C., the 5k/8k run and walk committee, the Jackson Citizen Patriot, the City of Jackson, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature (Parent Signature if under 18)

(Date)

All Events: \$20/person or \$25/person after 4/1/11

8k  5k  5k walk

Couples Package

(same household, any race/walk event)

\$35/couple (before 4/1/11- regular rates apply after 4/1/11=\$25 each)

Make checks payable & mail entry forms to:

**Orthopaedic Rehab 8k/5k  
PO Box 791  
Jackson, MI. 49204-0791**

Email:

rtgilmore5924@comcast.net or  
karyn@orsmi.com