



START TIME & PLACE: Start is at Main Gate to the Saline High School Athletic Fields. 5K Run/Walk begins at 8:00 a.m. and will end on the Varsity Track.

PRE-RACE REGISTRATION & PACKET PICK-UP: Race Packets can be picked up Saturday afternoon (7/16/11) from 9:00 am to Noon. at Saline High School, 1500 Campus Drive, Saline.

RACE DAY REGISTRATION AND PACKET PICK-UP: Race day registration and packet pickup will be at the Race Tent at SHS Athletic Field from 6:30 to 7:30 a.m.

FEE: \$20.00 by noon on July 16, \$25.00 after 12:00 pm and on Race Day, July 17.
First 300 paid entries will receive a T-shirt

AWARDS - 5K Run/Walk:
Male & Female Overall & Masters
Top three Male & Female in the following age groups:
14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and Up

Proceeds to benefit the Tuberous Sclerosis Alliance and the Steppin' Up Scholarship Fund.

Event Sponsors:



ENTRY FORM • Steppin' Up 5K Run/Walk • July 17, 2011 • ENTRY FORM

Last Name First Name

Address

City State Zip

Phone Number Email Address

___ Male ___ Female _____ Age on Race Day

Shirt Size (check one): XS S M L XL (adult sizes only)

METHOD OF PAYMENT: Make checks payable to: Saline Community Education and enclose check with registration form.

Credit Cards: ___ MC ___ Visa ___ Discover

Account No. Expiration Date (Mth/Yr)

MAIL ENTRY TO: Saline Community Education, 7265 Saline-Ann Arbor Road, Saline, Michigan 48176-0198 • Phone: (734) 429-8020

ONLINE REGISTRATION: www.salinecommunityed.com. For more information about tuberous sclerosis, go to www.tsalliance.org

WAIVER

You must agree to this waiver for registration to be valid. A parent or guardian must agree to this waiver for any minors entering the race.

I, for myself, any executors, administrators and assignees, do hereby release and discharge all the volunteers, The Tuberous Sclerosis Alliance, the Saline Area Schools, Pittsfield Township, Saline Community Education, Centennial Farms and Park HOA and residents, agents and employees, sponsors, supporters and spectators of the Steppin' Up 5K Run/Walk of all claims of damages, demands, and actions whatsoever in any manner arising for my participation in said event.

I attest and verify that I have full knowledge of the risks involved in this event, am physically fit and have my personal physician's approval. Further I hereby grant full permission to any and all of the foregoing to use my likeness in any photograph, videotape, film or motion picture record of my participation in this event.

Yes, I have read the waiver and accept the terms of the waiver on this page.

Signature Date

Parent Signature if under 18 Date

ENTRY FEES ARE NON-REFUNDABLE