

WE FIGHT OUR FIGHT 5K



A fun, family friendly event to benefit the Relay for Life of Mt. Vernon

- Date and Time:** Saturday, April 8, 2017 @ 8 AM
Event will take place rain or shine
- Course:** The start and finish line will be located at Mt. Vernon Riverbend. Course will be 3.1 miles.
Start line: Water Street & Mulberry Street, Finish line: Water Street & Locust Street
- Registration:** Register below OR
online <https://runsignup.com/Race/IN/MountVernon/relayforlife5Kmtvernon>
Early Registration closes Friday, March 31, 2017 @ midnight
Late Registration & Packet Pickup: Friday, April 7, 2017 from 5-6 PM @ Chamber of Commerce located at 915 E 4th St.
Day of Race Registration 7:15 – 7:45 AM @ Mt. Vernon Riverbend
- Cost:** **Early Registration** (guarantees a shirt):
\$20 per participant
\$70 per family (immediate family members, 6 members or less)
\$150 per group/club/team (10 members or less, example: Cheerleaders, Girl Scouts, Builders Club, etc.)
Late Registration: \$25 per participant, \$100 per family, \$200 per group (April 1 – before Race, not guaranteed a shirt).

NEW TO EVENT: **Two new ways to support our event:**
If you would like to purchase a IN MEMORY/HONOR OF a loved one the cost is \$50.00.
Name would be displayed on a large purple ribbon on back of the shirt.
If you are unable to participate in the event and would like to purchase a shirt, the cost is \$10.00. Please fill out the form below and indicate size under the NON participant section.
Must be returned by March 22, 2017.

Questions: Maria Davis @ 812-205-9076 or Jessica Temme @ 812-774-7916

WE FIGHT OUR FIGHT 5K RUN/WALK

****A waiver needs to be filled out for each individual participant****

Name _____ Email: _____

Address: _____ City: _____ ST: _____

Zip: _____ Male ___ Female ___ Phone: _____

Runner: ___ Walker ___ Age: ___ T-Shirt Size: (Adult) S M L XL XXL XXXL (Youth) S M L
Children 8 and under FREE: Will not receive a shirt, but are available for purchase.

NON Participant T-Shirt Order: Adult: ___S ___M ___L ___XL ___XXL ___XXXL
Youth: ___S ___M ___L

If you chose to do a In Memory/Honor Of donation, please indicate which one with full name of individual.

Registration Fee Enclosed \$ _____ New To Event Fees Enclosed \$ _____
(Make checks payable to We Fight Our Fight 5K, Mail to 807 E 5th Street, Mt. Vernon, IN 47620)

Waiver of liability in consideration of your accepting this entry, I the undersigned intending to be legally bound, herby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, actions and causes of action against the Relay for Life WE FIGHT OUR FIGHT 5K, it's organizers and volunteers and the City of Mount Vernon for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this run/walk.

Signature (Parent signature if participant under 18) _____ Date: _____