



# Saturday, July 27th, 2019

## Dodge Park Farmers Market Pavilion

Day of registration 7:30am  
Race Starts 9:00am

Early packet pickup  
Friday, July 26th,  
6:30pm - 8:30pm  
at Fillmore Elementary  
8655 Irving Rd.,  
Sterling Heights, MI 48312

PLEASE PRINT CLEARLY \* USE SEPARATE FORM FOR EACH RUNNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**CHECK PAYABLE TO:**  
**The City of Sterling Heights**

**MAIL TO:**  
**Hanson's Running Shop**  
**8409 Hall Road - Utica, MI 48312**  
**Attn: Sterlingfast 5k**

Online registration:  
[www.eastsideracingcompany.com](http://www.eastsideracingcompany.com)

Entry Fee

**Pre-Registration**  
**5K Run: \$30**

**Day of Race**  
**5K Run: \$35**

**Additional Donation:**  
\_\_\_\_\_

Shirt Size

UNISEX

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> YOUTH MED   | <input type="checkbox"/> ADULT LARGE     |
| <input type="checkbox"/> YOUTH LARGE | <input type="checkbox"/> ADULT X-LARGE   |
| <input type="checkbox"/> ADULT SMALL | <input type="checkbox"/> ADULT 2X- LARGE |
| <input type="checkbox"/> ADULT MED   |  |

WAIVER - PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW BEFORE SUBMITTING ENTRY: In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against EnMotive, Eastside Racing, City of Sterling Heights, Running Away, LLC and its affiliates, their agents, employees, officers, directors, successors and assigns and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Sterlingfast 5k and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising, without monetary payment to me.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parents Signature (if participant is under 18 years) \_\_\_\_\_ Date \_\_\_\_\_