



SCOOP de' LOOP 5K Run & Walk and Junior Scoop Shuffle

Thursday, July 11, 2024 6:00 PM

This is a Crim voucher race

Students 18 years old and younger can race for only

\$5.00

FEATURING: Ice cream served at the finish!

STARTING TIME: The 5K race starts at 6:00 PM.
Junior Scoop Shuffle 1/4 Mile (Children ages 4 - 10) starts at 5:45 PM.

LOCATION: Downtown Flint YMCA - 411 E Third St., Flint, MI 48503
From I-475, North & South, exit Court St., go straight on service drive to Third, turn West to YMCA (Corner of I-475 Service Drive (Chavez) & Third). From I-69, Exit Saginaw Street to Second St, turn right on Second St. to Chavez then right on Third.

REGISTRATION: Early Registration fee ends with entries postmarked by July 4, 2024. Late registration and packet pick-up at Bauman's Running & Walking Shop, 1473 W. Hill Rd. on Wednesday, July 10, from 12:00 PM to 6:00 PM and on race day from 10:00 AM to 2:00 PM. Race day registration begins at 4:30 PM at the Greater Flint YMCA.

All pre-registered entrants will receive a shirt if ordered. Sorry, but we cannot guarantee shirts on race day for late registrants but they can be ordered.

Race day registration begins at 4:30 PM at the YMCA. \$23 with no shirt

ENTRY FEE: Event WITH Shirt: On or before July 4 - \$28.00
Late Registration - \$33.00
Event WITHOUT Shirt: On or before July 4 - \$18.00
Late Registration - \$23.00
Junior Scoop Shuffle WITH Shirt On or before July 4 - \$5.00
Late Registration - \$5.00

RIVERBEND STRIDER MEMBERS MAY DEDUCT \$2.00 FROM PRE-REGISTRATION FEE.

Not a Riverbend Strider? Register online at www.riverbendstriders.org and save!

FACILITIES: Restrooms are available.

AWARDS: Awards are given to the Overall and Masters Male & Female Run and Walkers and top three finishers in each age group.

PRIZES: Overall Male & Female for both Runners and Walkers will receive a free entry with shirt for a future Riverbend Strider race of your choosing good for up to 1 year.

AGE GROUPS: RUNNERS: Male and Female: 12 & under, 13-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94, 95-99, 100+
WALKERS: Male and Female: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94, 95-99, 100+

SEND TO: Scoop de' Loop 5K, P.O. Box 233, Flushing, MI 48433
Or drop entries off at Bauman's Running & Walking Shop, 1473 Hill Rd, Flint, MI 48507
Register online at www.riverbendstriders.org

MAKE CHECKS PAYABLE TO: Riverbend Striders

INFORMATION: Email: riverbendstriders@gmail.com

Bauman's Running & Walking Shop: (810) 238-5981 - www.werunthistown.com



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**Scoop de' Loop 5K
Thursday, July 11, 2024**

BIB NUMBER

AMOUNT \$: _____

LAST NAME

FIRST NAME

M.I. SEX
 M
 F

STREET ADDRESS

CITY/TOWN

AGE

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

EVENT:
 5K Run
 5K Walk

Junior Scoop Shuffle

E-MAIL ADDRESS:

RIVERBEND STRIDER #:

ADULT SHIRT SIZE: S M L XL XXL No Shirt

KID'S SHIRT SIZE: YS YM YL

Riverbend Striders Participant Waiver

Event: Scoop De' Loop 5K

I know that running or walking in a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with volunteering for this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain.

I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, animals, and personal music players are not allowed in the race, and I will abide by all race rules. 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 the Scoop De' Loop 5K, the city of Flint, Michigan, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____