



SHILLELAGH

Four Mile Run & Walk

Saturday, March 9, 2024 · 10:00 AM

STARTING TIME: The Four Mile Run and walk will start at 10:00 AM

LOCATION: Central Elementary School - 525 Coutant St, Flushing, MI 48433
Exit I-75 at Pierson Road (Exit 122), go west on Pierson to Elms Road, north on Elms to Coutant Street, west on Coutant to school. Limited parking at school, please park behind school.

COURSE: Scenic four mile course will start at and finish at Central Elementary School.
Course winds through a residential area.

REGISTRATION: Early registration ends March 2. After that date, entrants must pay the Late Registration fee.
Race day registration begins at 9:00 AM at the Central Elementary School.

PACKET PICK-UP: Available on Friday, March 8, at Bauman's Running & Walking Shop, 1473 W. Hill Rd., Flint.
Packets will also be available at 9:00 AM on race day at the Central Elementary School.

ENTRY FEE: Event WITH Sweatshirt: On or before March 2 - \$28.00
Late Registration - \$33.00
Event WITHOUT Sweatshirt: On or before March 2 - \$15.00
Late Registration - \$20.00

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

Riverbend Striders may deduct \$2.00 from preregistration fees only.

Students 18 years old and younger can race for only

\$5.00

Shirt not included but can be purchased if available

FACILITIES: Restrooms only. No showers or lockers will be available at the school.

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.

AWARDS: Awards to Overall and Masters Male & Female; at least top 3 male & female finishers in each run division.
We will go deeper in the largest run and walk divisions, based on participation.

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, 100-104, 105 & over
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, 100-104, 105 & over

SEND ENTRIES TO: Shillelagh, P.O. Box 233, Flushing, Michigan 48433
Or drop off at Bauman's Running & Walking Shop, 1473 W. Hill Rd., Flint, MI 48507
Register on-line at www.riverbendstriders.org
PLEASE MAKE CHECKS PAYABLE TO: Riverbend Striders

INFORMATION: Bauman's Running & Walking Shop: (810) 238-5981



MAKE CHECKS PAYABLE TO:
Riverbend Striders
MAIL TO: Shillelagh
P.O. Box 233, Flushing, MI 48433

Shillelagh 4 Mile Run & Walk

Saturday, March 9, 2024

AMOUNT \$: _____

BIB NUMBER

LAST NAME										FIRST NAME										M.I.	SEX								
																					<input type="checkbox"/> M <input type="checkbox"/> F								
STREET ADDRESS																				CITY/TOWN					AGE				
STATE		ZIP CODE			PHONE NUMBER					DATE OF BIRTH					EVENT:														
															<input type="checkbox"/> 4 Mile Run <input type="checkbox"/> 4 Mile Walk														

E-MAIL ADDRESS: _____

SHIRT SIZE: S M L XL XXL (Add \$2.00) No Shirt

RIVERBEND STRIDER #: _____

Riverbend Striders Participant Waiver

Event: Shillelagh Four Mile Run and Walk

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 Shillelagh Four Mile Run and Walk, the city of Flushing, MI, 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: _____