

# Swartz Creek Cross Country and the Riverbend Striders

## SWARTZ CREEK 5K CHALLENGE

### 5K Run and Walk

Thursday, June 1, 2023 6:30PM

**This is a Crim voucher race**



**STARTING TIME:** 5K Run starts at 6:30 PM. The 5K Walk will start one minute after run.

**LOCATION:** Swartz Creek High School, 1 Dragon Drive, Swartz Creek, MI 48473  
Exit I-69 at Morrish Rd; go south to Miller Rd; west on Miller to Fairchild; then south on Fairchild to Ingalls; west on Ingalls to school.

**COURSE:** Course is 100% paved, flat.

**REGISTRATION:** Early Registration ends with entries postmarked by May 25, 2023. Late registration and packet pickup at Bauman's Running & Walking Shop, 1473 W. Hill Rd, on Wednesday, May 31, from 12:00 to 6:00 PM and on Race Day from 10:00 AM to 2:00 PM. Registration on race day begins at 5:30 PM at the Swartz Creek High School.

**ENTRY FEE:** Event WITH Shirt: On or before May 25 - \$26.00  
Late Registration - \$31.00  
Event WITHOUT Shirt: On or before May 25 - \$16.00  
Late Registration - \$21.00

Students 18 years old and younger can race for only  
**\$5.00**

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

*Not a Riverbend Strider? Register online at [www.riverbendstriders.org](http://www.riverbendstriders.org) and save!*

**FACILITIES:** Restrooms available

**AWARDS:** Awards are given to the Overall and Masters Male & Female, and top three finishers in each division. All pre-registered entrants will receive a shirt if ordered. Sorry, but we cannot guarantee shirts on race day for late registrants. Post race amenities.

**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, 70-75, 75-79, 80 & Over

WALKERS: MALE AND FEMALE: 19 & under, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 & Over.

**SEND TO:** Swartz Creek 5K, P.O. Box 233, Flushing, MI 48433  
Or drop entries off at Bauman's Running & Walking Shop, 1473 Hill Rd, Flint, MI 48507  
**MAKE CHECKS PAYABLE TO: Riverbend Striders**

**INFORMATION:** Email: [riverbendstriders@gmail.com](mailto:riverbendstriders@gmail.com)  
Bauman's Running & Walking Shop: (810) 238-5981 - [www.werunthistown.com](http://www.werunthistown.com)



MAKE CHECKS PAYABLE TO:  
Riverbend Striders  
MAIL TO: Swartz Creek 5K  
P.O. Box 233, Flushing, MI 48433

**Swartz Creek 5K Challenge**  
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AMOUNT #: \_\_\_\_\_

BIB NUMBER:

LAST NAME:

FIRST NAME:

M.I.  SEX  
 M  
 F

STREET ADDRESS:

CITY/TOWN:

AGE:

STATE:  ZIP CODE:  PHONE NUMBER:

DATE OF BIRTH:

EVENT:  
 5K Walk  
 5K Run  
 5K Virtual

E-MAIL ADDRESS:

SHIRT SIZE:  S  M  L  XL  XXL  2XL +\$1.00  3XL +\$2.00  No Shirt RIVERBEND STRIDER #: \_\_\_\_\_

In consideration of my participation in this event, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Riverbend Striders, the sponsors of this event, their agents, representatives, successors, and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event.

ATHLETE (OR PARENT, IF UNDER 18) MUST SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

Riverbend Striders Participant Waiver

Event: Swartz Creek 5K Challenge

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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 Swartz Creek 5K Challenge, the city of Swartz Creek, 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: \_\_\_\_\_