

# iRun for Kassie Wingerd

All Proceeds will benefit the Kassie Wingerd Scholarship  
Fund

**When:** June 24, 2017 5K/10K at 9:00 am  
Fun Run at 8:45 am (Registration and Pick-Up  
from 7:30 am – 8:30 am)

**Where:** Clinton High School Track and  
Surrounding Area

**Entry Fee:** Registration fee will be \$20 for  
entries received before June 5th. All late and  
race day fees will be \$25. Fee includes a t-shirt.  
All fees are non-refundable.

**FREE Fun Run:** (1/2 mile) All Ages Included:  
Shirt not included but may be purchased for \$10  
while supplies last.

**Awards:** The top 2 male and female winners in  
each age group will receive a medal.

**Age Categories:** Men and Women: 12 and  
under, 13-14, 15-18, 19-24, 25-29, 30-34, 35-39,  
40-44, 45-49, 50-54, 55-59, 60+

**To All Entrants:** All entrants will receive a t-  
shirt and post-race refreshments. Shirt not  
guaranteed for late registration.



Kassie Wingerd was diagnosed in 2008, at the age of 10, with  
Leukemia. She completed treatments in May 2010 but was re-  
diagnosed in September 2011. Kassie passed away October 24,  
2011 at the age of 13. The scholarship will be given to a student  
who has overcome many struggles throughout their education in  
Clinton Community Schools; just as Kassie did.

**Checks can be made payable to:**

Dale Wingerd

**Entry Forms can be mailed to:**

Danielle Roesch  
4845 Academy Rd.  
Adrian, MI 49221

**If any questions, please email [kassiesscholar@hotmail.com](mailto:kassiesscholar@hotmail.com),  
or call Danielle at  
517- 442 - 7999**

Name: \_\_\_\_\_ 5K Run/Walk  10K  Fun Run  Sex: M F

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Age on 6/24/17 \_\_\_\_\_ T-shirt size: S M L XL XXL

**Waiver:** In consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself and heirs, executors, administrators waive and release any and all rights and claims or damages I may accrue against the persons and organizations affiliated with the race for any and all injuries that may be suffered by me or enroute to or from the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed MD during the last 6 months. As part of this waiver, I acknowledge that I have read and understand all of the above.

Signature of Participant (Parent or Guardian if under 18): \_\_\_\_\_

**Please cut this portion of the form off, fill out, and mail with entry fee.**