

iRun for Kassie Wingerd

All Proceeds will benefit the Kassie Wingerd Scholarship
Fund

When: June 8, 2019 5K/10K at 9:00 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 May 24, 2019. All late and race day fees will be \$25. Fee includes a t-shirt. All fees are non-refundable.

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 graduating Clinton High School student.

Checks can be made payable to:
Dale Wingerd

Entry Forms can be mailed to:
Danielle Roesch
2164 Oakwood Rd.
Adrian, MI 49221

If any questions, please email
danielleroesch_13@hotmail.com, or call Danielle at
517- 442 - 7999



Name: _____ 5K Run/Walk 10K Sex: M F

Address: _____ City _____ St. _____ Zip _____

Age on 6/8/19 _____ T-shirt size: Adult (S M L XL XXL) Youth (XS S M L XL)

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.