

iRun for Kassie Wingerd

All Proceeds will benefit the Kassie Wingerd Scholarship
Fund

When: June 16, 2018 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 1st. 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
graduating senior from Clinton Community Schools.

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 danielleroesch_13@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 6/16/18 _____ 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.