



Wolverine Dental Hygienists' Society
Access to Care & Education
Stomp Out Early Childhood Dental Disease

5K WALK • RUN • BIKE

Sunday, July 28, 2019 @ 10AM

Belle Isle Park • Detroit • Shed #2

TOT TROT FACE PAINTING COOK-OFF

RECREATIONAL PASSES REQUIRED FOR ALL VEHICLES ENTERING THE PARK!

****Passes available at the Secretary of State or Belle Isle (for additional \$5 discount)****

ENTRY FEE : \$50 (Age 13 & Over) \$15 (Age 7-12)

T-Shirt included with registration. *Children under 6 FREE! (T-shirt NOT included)*

Onsite Registration: Additional \$5. Cash only. T-Shirt not available

EVENT DAY DETAILS

***** Rain or Shine *****

Registration: 8:30 - 9:45 a.m. • Walk/Run/Bike Starts: 10:00 a.m.

Questions? Email: ace.wdhs2019@gmail.com • Contact: Donna @ 313.737.4848

REGISTRATION FORM

See 'Event Registration' @ www.wdhsonline.org

Mail completed entry form and *check (personal/certified) or money order* made payable to:

WDHS (write "2019 walk" in Memo section)

P.O. Box 32286 Detroit, MI 48232

One check/money order may be used for multiple registrations, however, a Registration and signed Release form must be completed for each paying and non-paying participant

(MUST Be Postmarked by July 12, 2019)



2019 WDHS Walk/Run/Bike Entry Form

Last Name: _____ First: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____;

Participant & T-Shirt Selection

Age 13 & Over Age 7 - 12 T-Shirt Size: _____

Available Adult Sizes: S, M, L, XL, 2X, 3X Available Youth Size: YL (Youth Large Only)

***Please see other side to view and sign Release Form
(Note: When printing, select 'Print on both sides')***

RELEASE FORM

Liability Waiver and Walk/Run/Bike Event Agreement: *By checking the box below, and signing the Release form, I agree to the following terms and conditions.* I hereby certify that I have carefully read and agree to the Registration form and all the Terms and Conditions published, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the walk/run/bike event and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Walk/Run/Bike Event, I, for myself, my heirs and assignees do hereby release the Wolverine Dental Hygienists Society (WDHS) and its members, Access to Care and Education Committee and its members, Belle Isle, the City of Detroit, all sponsors, volunteers, staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation or the participation of the minor I sign for, in the 2019 WDHS Walk/Run/Bike Event, or any of its allied or accompanying events. I consent to the use of my image in photos, videos and audio and film of my participation in all 2019 Walk/Run/Bike Event. I also agree that by signing this Release, I or the minor I am signing for, is mentally and physically able to walk, run and/or bike, and reasonably trained to do so.

I have read and agree with the Release Terms & Conditions.

Participant/Parent/Guardian Signature: _____ Date: _____