

Mike's Journey 5k & 1 mile Run/Walk

Saturday, July 25, 2009

- 8:00 a.m. 5k Run/Walk
- 9:00 a.m. 1 Mile Run/Walk

Marshalltown Bike Path

Starting at the
Community Y Cultural Center.



Donations can be made to
Mike's Journey at the
Marshalltown Community Y or
www.mikesjourneyrun.com

**SPAGHETTI DINNER & PRE-RACE
DAY PACKET PICK-UP ON
FRIDAY, JULY 24, 2009 AT THE
KC HALL, 201 W High Street
5:30-7:30 p.m.
\$5 per plate**

Mike is at On With Life in rehabilitation to recover from a brain injury he suffered when his body went into Staph Septic Shock after a brief illness. He went into a coma on April 5th and has since made progress in his responsiveness but remains in a coma at this time.

Michael spent four weeks at Mary Greeley Hospital in acute care recovering from the Septic Shock and the complications involved with acute organ failure. He was transferred to On with Life on May 4th, 2009. On With Life is located in Ankeny, Iowa and specializes in brain injury rehabilitation. Details and updates of Michael's Journey may be found at :

[http://www.carepages.com/carepages/
Mikemcnamarasbattletowakeup](http://www.carepages.com/carepages/Mikemcnamarasbattletowakeup)

Release of Liability

ALL PARTICIPANTS MUST READ AND SIGN THE WAIVER BELOW. IN READING AND SIGNING THIS RELEASE, I HEREBY WAIVE ANY AND ALL RIGHTS FOR CLAIMS AND DAMAGES I MAY INCUR AGAINST THE ORGANIZERS, BUSINESSES, OR ANY ASSOCIATIONS CONNECTED WITH MIKE'S RUN. I REALIZE AND ACCEPT THE UNPREDICTABLE RISKS INVOLVED AND HEREBY STATE I AM IN SUITABLE HEALTH TO PARTICIPATE IN THIS EVENT ON JULY 25, 2009, FURTHER, I HEREBY GRANT PERMISSION TO MIKE'S RUN AND THEIR AUTHORIZED AGENTS TO USE MY NAME AND PHOTOGRAPHS OR ANY OTHER RECORD OF MY PARTICIPATION IN THIS EVENT FOR ANY LAWFUL PURPOSE.

I HAVE READ THE FOREGOING RELEASE, UNDERSTAND ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME.

IF I AM UNDER THE AGE OF 18, A MINOR, MY PARENT OR GUARDIAN HAS READ AND FREELY SIGNS THE SAME.

DATE

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN IF UNDER THE AGE OF 18

Registration Form

Name

Address

City

State

ZIP

E-mail address

Phone

Sex

DOB

Please mail your completed registration form and payment to:
Marshalltown Community Y
108 Washington Street
Marshalltown, IA 50158

Office Use Only

Receipt No. _____

Date: _____

Amt: \$ _____

See inside of flyer for Release of Liability.
Signed release by ALL participants MUST accompany completed Registration Form.

Sign-up Form:

- 5k age 24 and over \$25
- 5k age 23 and under \$15
- 1 mile Run/Walk \$15

T-Shirt Sizes

Youth:

Small

Med

Large

Adult:

Small

Med

Large

Xlarge

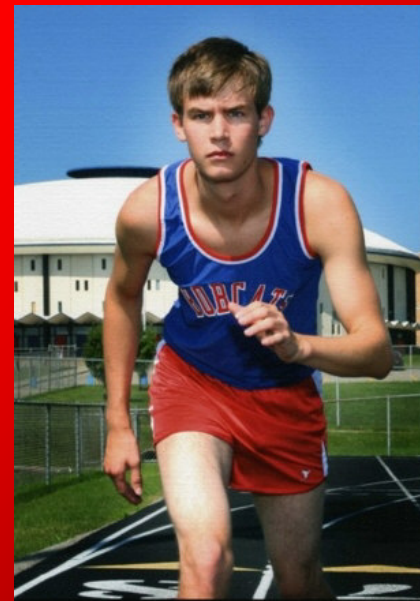
XXLarge

To guarantee a T-shirt please register by July 20, 2009

Same day registrations will be accepted until 7:30 a.m.
t-shirts will not be guaranteed

T-Shirts will be sold for \$15 the day of the race, at the spaghetti dinner, and at the Community Y.

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