

3rd Annual 5K eRace Cancer with HIPEC



www.shellysfoundation.org

Saturday May 11, 2019

**Stony Creek
Metropark-Eastwood Beach
8:30am: Registration Opens
9:30am: 5K Run/Walk**



My name is Shelly Smith and I was diagnosed with Stage IV Appendix Cancer in March of 2016. I am working with my Surgical Oncologist, Dr. Richard Berri to bring awareness about the Appendix Cancer Connection with Hyperthermic Intraperitoneal Chemotherapy (HIPEC). We are a non profit 501c3 organization with 100% of the profits going to patient support.

Sponsorship/donation opportunities available. Please contact Shelly Smith for more information at Shellysappendixconnection@gmail.com

First Name _____ Last Name _____ Birthdate _____

Address _____ City _____ Zip _____

Email _____ Phone _____ Gender: M M F

ONLINE REGISTRATION:

Runsignup.com/Race/MI/Shelbychartertownship/shellyseracecancerwithhipec

Early packet pickup Thursday 5/09/19 6-7 PM Hansons Running Shop : 8409 Hall Rd, Utica, MI 48317

- **Decorative glasses guaranteed to first 200 registered racers!**
- **Moonwalk on site**
- **Raffles for gift baskets/weekend getaways**

Entry Fee

- \$20 Before 4/20/19
- \$35 Race Day

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW BEFORE SUBMITTING ENTRY: I know that running a road race is a potentially hazardous activity which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in the event including, but not limited to: falls, contact with other participants, the effects of weather and temperature, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Shelly's Foundation Curing Appendix Cancer Connection, Stony Creek Metropark, Shelby Twp. and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event, even though that a liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, for any legitimate purpose.

Participant's Signature

Date

Parents Signature (if under 18)

Date