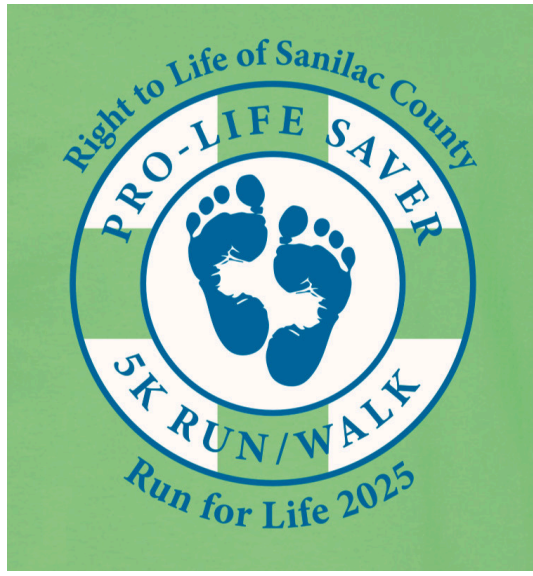


Right to Life of Sanilac County presents the 7th Annual



# RUN FOR LIFE 1 MILE & 5K RUN/WALK

## Saturday, June 28, 2025

### REGISTRATION FORM

Register  
Online  
Here:



- LOCATION:** Diamond Trail near Maple Valley School, 138 Maple Valley St., Sandusky, MI 48471
- PARKING:** Extra parking is available at Maple Valley/ISD parking lot. The Diamond Trail is directly South of the parking lot.
- TIME:** 8:00 AM: 5K Run/Walk. Then at 8:05 AM 1 Mile Run/Walk. Same day registration & packet pick-up begin at 7:00 AM.
- AGE GROUPS:** 1 Mile AND 5K WALK: First, Second and Third Overall in Male & Female divisions (no age groups)  
(Men & Women) 5K RUN: 9 & Under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74 & 75 & Over.
- AWARDS:** All awards will be given out in the Pavilion at the end of the 5K. Finish line pictures will be taken. Timing results will be posted on-site and on Facebook, and at <https://www.race-mrm.com/>. All participants will get a swag bag, finisher medal and a T-shirt. T-shirt size and availability is not guaranteed if you register after June 15th.
- COURSE:** The 1 mile will utilize the Diamond Trail. The 5K will use a well marked course through the city streets of Sandusky, some gravel roads and will finish on the paved Diamond Trail. Both races will be timed.
- REFRESHMENTS:** Refreshments and snacks are available at the finish under the pavilion.
- FACILITIES:** Port-a-potties on site near the start/finish area.
- REGISTRATION:** ONLINE Registration is available at:  
<https://runsignup.com/Race/MI/Sandusky/SanduskyRunForLife5K>
- MAIL ENTRIES and \$\$ TO:** Make checks payable and mail to: Right to Life of Sanilac County  
960 W. Nicol Road  
Sandusky, MI 48471
- CONTACT:** Any questions, please call or text Amy Roggenbuck at 810-404-0860 or email [RTLSanilac@gmail.com](mailto:RTLSanilac@gmail.com)

**PRICING:**  
 \$25 until 5/31  
 \$30 until 6/27  
 Same Day  
 Registration  
 \$35

#### REGISTRATION FORM: PLEASE PRINT

I want to do the

Name: \_\_\_\_\_ Male or Female \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

**1 Mile**

Address: \_\_\_\_\_

**5K RUN**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**5K WALK**

Email address: \_\_\_\_\_

**(Circle One)**

**Circle Shirt Size: Adult:** SM MED LG XL 2XL (add \$2.00) 3XL (add \$3.50) or 4XL (add \$4.00)

**OR Youth:** SM MED LG or XL ( After June 20th shirts are NOT guaranteed!! We will do our best to accommodate).

#### WAIVER (must be signed to participate)

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature of Participant (Parent/Guardian must sign for anyone under 18)

Date