



R.A.T. RACE

run-a-trail 2009

may 2, 2009

mt. pleasant

 Central Michigan
Community Hospital



LOCATION & COURSE

Location: Registration and parking at Wellness Central Fitness, 2600 Three Leaves Drive, Mt. Pleasant. The race starts and ends on the trails of the Center For Applied Research and Technology Park, located just north of Wellness Central and south of the Central Michigan University campus.

Facilities: Locker rooms and restrooms will be available for use.

Course: The course is flat, and a combination of paved and unpaved grassy trails. Due to the nature of the course, and for everyone's safety, strollers, pets, bicycles, roller skates or blades and skateboards are not allowed.



EVENTS & START TIMES

8 a.m.	Registration / Packet pick-up at Wellness Central
9 a.m.	1 Mile Fun Run or Walk
9:30 a.m.	5K Run or Walk
10:45 a.m.	Awards with door prize drawings
	Refreshments available in the tent immediately after races.



AWARDS

5K event: Awards to top male and female runner and top masters male and female runner. Age group awards for top three male and female runners in each division: 14 & under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; and 70+.

One mile fun run/walk: Awards to top male and female finishers. Ribbons to all participants.



FEES & DEADLINES

Early registration: MUST BE POSTMARKED BY APRIL 18, 2009.
Adults and children with adult t-shirt size: \$20
Children 12 and under with child t-shirt: \$10

After April 18: AFTER APRIL 18 THROUGH RACE DAY:
Adults and children with adult t-shirt size: \$25
Children 12 and under with child t-shirt: \$12

Entry fees include: Entry fees include long-sleeved t-shirts for adults and short-sleeved t-shirts for kids; refreshments; and entry into door prize drawings. *Limited t-shirts available on race day.*



REGISTRATION

Mail signed entry form (on reverse) to: Wellness Central Fitness
2600 Three Leaves Drive
Mt. Pleasant, MI 48858

Make checks payable to: CMCH (Central Michigan Community Hospital)

On-line registration: www.cmch.org
Click "Community Events and Classes" on the menu bar; select "Special Events" and look for the RAT Race logo.



INFORMATION

Call (989) 779-5602 • Toll-free (800) 992-5706
On-line at: www.cmch.org • E-mail: jkeeper@cmch.org



SPONSORS

The R.A.T. Race is an annual fundraising event which promotes health and fitness. Proceeds benefit equipment and services at Central Michigan Community Hospital's Wellness Central Fitness Center.

Marathon sponsors:



10 K sponsors:



5 K sponsors:



JOHN & SUE BRADAC

Firstbank



REGISTRATION FORM

Send completed form with payment to:
Wellness Central Fitness, 2600 Three Leaves Drive, Mt. Pleasant, MI 48858

Copy this form as needed for additional registrations.

name _____
address _____
city, state, zip _____
daytime phone _____ Age ____ Sex ____

check event:

1 Mile 5 K

select t-shirt size:

adult S M L XL XXL
child S M L XL

Please read, understand and sign the waiver below: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with participating in this event, including, but not limited to: falls; contact with other participants; the effects of the weather, including high heat and humidity; traffic and the conditions 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 accepting my entry, I--for myself and anyone entitled to act on my behalf--waive and release all participating groups and personal officials connected with the Run-A-Trail Race and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in the event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

signature _____ date _____

parent or guardian sign (if under 18) _____ date _____



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