

SHELBY TOWNSHIP

Art Fair

THIRD ANNUAL Shelby Township Art Fair 5K Run/Walk

Thursday, August 7, 2025

5K Run/Walk 6:30 PM - Dogs welcome

LOCATED AT RIVER BENDS PARK (5700 22 MILE ROAD)

RUN/WALK REGISTRATION AND PACKET PICKUP @ 4 PM • HICKORY GROVE PAVILLION

Mail completed form with payment to: Shelby Twp Jingle Bell Charities

56132 Parkview, Shelby Township, MI 48316

Make all checks payable to Shelby Twp Jingle Bell Charities

PLEASE PRINT CLEARLY • USE SEPARATE FORM FOR EACH RUNNER

Online Registration at www.eastsideracingcompany.com

First Name: _____ Last Name: _____ DOB: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Select Race/Division	Entry Fee	Shirt Size
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk <small>TIMED</small> <input type="checkbox"/> 5K Walk <small>UNTIMED</small>	Before July 31: \$30 After July 31: \$35	<input type="checkbox"/> Youth <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large (add \$2)

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW BEFORE SUBMITTING ENTRY:

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. 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 of my behalf, waive and release the Charter Township of Shelby, and all sponsors and volunteers from all claims and liabilities of any kind arising out of my participation in this event even though that 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 or video for any legitimate purpose.

PARTICIPANT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE (if participant is under 18) _____ Date _____

Please contact the Shelby Township Parks, Recreation and Maintenance Department for any questions you may have.

Phone: (586) 731-0300 • Email: shelbyprm@shelbytwp.org