



**Join the Livonia Police Department for  
3<sup>rd</sup> Annual Run Drugs Out Of Town 5k run/walk & 10k run  
On Saturday, June 13<sup>th</sup>, 2009**

at Nankin Mills in Hines Park - 33175 Ann Arbor Trail, Westland, MI

*A fun event to help solve a serious problem.*

*This event benefits the*



*New this year:*

**Chronotrack  
timing by  
Race Services Co.**

**ENTRY FEE**

**Until 6/1:**

\$20 Adults

\$15 Students/Seniors

**6/2 to Race Day :**

\$25 Adults

\$20 Students/Seniors

**TIME:**

**7:00 a.m.**

Registration/Packet Pickup

**9:00** 5K/10K Run

5K Noncompetitive Walk

*Rain or Shine \* No refunds  
Water and aid at every mile!*

**AWARDS:**

**5K/10K Run** Awards for male, female overall & masters. 3 deep in each age group

Walkers participate in Non-competitive walk.

Questions? Christen Ogden 734.522.0076 or [chrisogden@justsayrun.com](mailto:chrisogden@justsayrun.com)

Register online at [www.justsayrun.com](http://www.justsayrun.com)



Return form and make checks payable to:

**Run Drugs Out of Town, 10001 Ingram St, Livonia, MI 48150**



SANCTIONED EVENT

**Event: (circle one) 10K Run 5K Run 5K Non-Competitive Walk**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

T-shirt: Youth M L Adult S M L X XX Entries received by 6/1 are guaranteed t-shirts, after 6/1 while supplies last.

Team Name (Optional) \_\_\_\_\_

Register as a team at no extra charge in honor, memory or support of someone or to promote your group, team or business.

WAIVER In consideration of my acceptance of my entry, I for myself, my executors, administrators, and attendees do hereby do release and discharge the Livonia Save Our Youth Task Force, all sponsors, organizers, supporters, and spectators for all claims, damages, demands, actions, whatsoever in any manner arising from my participation in said event. I test and verify that I have full knowledge of the risks involved in this event. I am physically fit and have my personal physician's approval to participate. Further, I hereby grant full permission to any and all of the foregoing to use my photograph, videotape, motion picture, or record of my participation in this event.

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of participant or parent/guardian if under 18 years of age