Miss River Raisin Scholarship Program's

7TH ANNUAL HOT-CHA-CHA 5K MUG RUN

Friday, December 7, 2018

Pre-Register by Wednesday, Dec. 5

to be one of the 125 adults to receive the official Wassail Festival Mug.
Substitute mug will be provided to others. MUST SHOW ID TO RECEIVE WASSAIL MUG!

This race includes a Wassail Fest mug which allows you to walk around downtown free tasting wine-based hot wassail samples. Vote for your favorite or for non-drinkers & those under 21, you will receive an insulated hot chocolate or coffee mug for your hot beverage served in the downtown.

$25 for Adults (ages 21+) • $15 for Kids/Young Adults (ages 6 - 20)
$60 Family Price *(Limit 2 adults per family. Must be from same household.)*

Race Day Registration: 5:30 p.m. • Starting Time: 6:30 p.m.

Registration will be at the Blissfield Township Office on Lane Street in Downtown Blissfield. Please wear reflective running gear or lights! Children 6-12 must run with an adult. Costumes are welcome! There will be a prize for best costume!

Awards ceremony will follow the race.
Medals will be awarded to overall male & female and top 2 finishers in each male and female age division: 6-12, 13-20, 21-35, 36-49, 50-59, 60-69 & 70+

Pageant Sponsors:
Borchardt Brothers Market
BLISSFIELD bp

Wassail Fest Sponsored by: Blissfield Rotary

Register online at www.active.com! Questions? Email loader@blissfieldadvance.com

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Name:_____ Email:_____Age on 12-7-18_____ Sex: M F

Address:_____City:_____State:_____Zip:_____

Phone:____-____-_____Date of Birth____/____/____ Wassail _____ or Cocoa/Coffee _____

I know that participating in a road race or in-park run can be a potentially dangerous activity. I should not enter unless I am medically able and physically 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 conditions of the road/path/sidewalk, all such risks 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 the River Raisin Festival Committee, the Village of Blissfield, River Raisin Publications, Inc., the Miss River Raisin Festival Pageant Committee, contestants and the trustees, officers, owners, stockholders, ,employees, appointees, sponsors and volunteers of all these groups as well as their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. In addition, I understand that if the race is cancelled by circumstances beyond the control of the organizers, my entry fee will not be refunded.

Signature_____Date_____
(Parent's Signature if participant is under 18)

Send entries to: MUG RUN, @ The Advance, 121 Newspaper St., Blissfield, MI 49228

Please make checks payable to Miss River Raisin Scholarship Program or Credit Card Name_____
of Cardholder. Cards processed through The Advance, River Raisin Publications

VISA MasterCard DISCOVER _ _ _ _-_ _ _ _-_ _ _ _-_ _ _ _ Exp. Date_ _/_ _ Sec Code_ _ _

Circle Your Card Billing Add._____Signature_____