

I, _____, understand that running the Metro Health Grand Rapids Marathon will be a life-changing accomplishment. Therefore, I accept responsibility for putting in my training miles, taking proper care of myself, and keeping a positive attitude. I have set a goal of __:__:___. By signing this Pledge and Waiver, I confirm that I am committed to this goal, have waived all common sense, and further declare that my friends and family had better show up to support me.

2010 METRO HEALTH
Grand Rapids Marathon



X

(RUNNER SIGNATURE)



Register for the 2010 Metro Health Grand Rapids Marathon at grandrapidsmarathon.com

Marathon 🍁 Half-Marathon 🍁 Marathon Relay 🍁 Kids Marathon

Saturday
October**16**

9AM – 6PM Race Expo
and Packet Pick-Up

1PM Kids Marathon

Sunday
October**17**

7AM “Velocity Challenged”
Early Start Marathon & Half-Marathon

8AM Main Field Start
Marathon, Half-Marathon, Marathon Relay

Race Weekend Location
David D Hunting YMCA
Downtown Grand Rapids

 **MetroHealth**
Sports Medicine


Gazelle Sports


BROOKS

highland
group


WEST MICHIGAN
SPORTS COMMISSION

FOSTER, SWIFT,
COLLINS & SMITH, P.C.