

Make Checks payable to:
Mackinaw Area Visitors Bureau

Mail to:
Mackinaw Memorial Bridge Race
C/O Mackinaw Area Visitors Bureau
10800 W. US 23
Mackinaw City, MI 49701

TOTAL AMOUNT ENCLOSED:\$ _____

TERMS & CONDITIONS WAIVER

(all participants must sign)

I understand that a Mackinac Bridge race is a potentially hazardous activity that may expose me to serious, permanent injury or death, particularly if I leave the designated lane at anytime. I assume all risks associated with my participation in the Mackinaw Memorial Bridge Race and waive any claim that I might otherwise have against any person or organization described in this paragraph arising out of my participation. Having read this disclaimer and by signing my name below, I agree to abide by all and any of the rules for this race, written or verbal, and agree to defend and hold harmless the Mackinac Bridge Authority, Mackinaw Area Visitors Bureau, Michigan Department of Transportation, State of Michigan, the Governor's Council on Physical Fitness, Health and Sports, the Michigan Fitness Foundation, Farm Bureau Insurance, their agents, representatives and employees, and any event sponsors, volunteers or employees of the race or the above organizations, from any liability or damages of any kind arising out of my participation in the race. **THERE WILL BE NO STARTING AFTER 8:00 AM. NO RESTROOMS ON BRIDGE. NO STOPPING ON BRIDGE AND NO HORSEPLAY. THE MACKINAC BRIDGE AUTHORITY HAS THE RIGHT TO CANCEL THE BRIDGE RACE FOR ANY REASON. NO REFUNDS WILL BE GIVEN IF THE RACE IS CANCELLED.**

ALL PARTICIPANTS MUST SIGN WAIVER:

Participant _____

Parent or Guardian if participant is under 18 _____

7th Annual 2010



Mackinaw Memorial Bridge Race Saturday, May 29th

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C/O Mackinaw Area Visitors Bureau
10800 W US 23
Mackinaw City, MI 49701
www.mackinawcity.com



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LIVING HISTORY. MAKING HISTORY

