



Welcome to the Barb Palzewic Hope Memorial Relay! We hope you and your teammates will have an outstanding experience. The relay provides a unique opportunity for runners of all levels to compete together. We've worked hard to assure you will have a great run in the Upper Peninsula of Michigan's Menominee County. The donation/sponsorship for participation in the two or four-person relay or 5km run/walk is a minimum \$25 per person. Pledge sheets can be downloaded from the website or picked up at the Menominee County Journal Office in Stephenson. Race numbers and t-shirts can be picked up at the Stephenson Sports Complex from 7-8:30 a.m. on the morning of the race. Course changes and updates for managers will be available here as well. Last minute registration changes can be made at this time. We strongly encourage pre-registration. The relay will begin promptly at 9:00 a.m. with a one-wave start from the start line at the Stephenson Sports Complex track. The route follows paved roads; however, there is one section of gravel. The race finishes on the Stephenson Sports Complex track. We ask for all team members to join their final runner for a final lap around the track and cross the finish line as a team. Please make sure not to interfere with the final runner of another team. After the race stay and enjoy the food, camaraderie, awards ceremony, and door prizes.

Be Safe, Run Hard, Have Fun, and Enjoy The Barb Palzewic Hope Memorial Relay!

Barb Palzewic Hope Memorial Relay Official Rules

1. Teams shall consist of two or four runners, each of whom shall run a 5km course beginning and ending at the Sports Complex. The 5km course will be a run for a total of eight laps, equaling about 25 miles total. Each member of a two-person team will each run four laps of the course, while each runner in a team of four will run the course twice. Runners must alternate each lap. Each team member is required to run equal amount of laps except in case of sickness or injury. Due to safety concerns, we have decided to do use this format for the relay. It will be much safer to have runners start and finish at the Sports Complex. There will be a water station halfway through the route.
2. Runners must wear official race numbers that correspond to their team. Numbers must be visible at all times from the front.
3. If a runner cannot complete a section for medical reasons, the next runner in rotation may take over. A runner may not drop out to substitute a faster runner...only for injury! Only one substitute per leg is allowed!
4. Runners must tag off from one runner to the next within the exchange zone.
5. Runners may receive water or other supplies from team members. No other contact with the runner is permitted.
6. Runners who take a wrong turn must return to the course where they left it and then continue on the correct route. The route will be marked with signs.
7. Runners must pause at all stop signs and obey all safety rules.
8. Teams may use only one transport vehicle during the race.
9. Team vehicles must obey all speed limits, traffic signs, other traffic laws, and any instructions from race officials.

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10. Vehicles may not block or interfere with other vehicles. Vehicles must yield to runners at all times and other vehicular traffic.
11. At exchanges, team members and other spectators or participants not involved in the exchange must not interfere with the other racers.
12. Participants must not leave litter on the road. Violation of any rule may result in assessment of time penalties, or in disqualification of the runner or team.

Barb Palzewic Hope Memorial Relay Website Team Entry Form

Name of Team:

From (City):

State:

Manager's Name:

Daytime Phone:

Evening Phone:

Address:

City:

State:

Zip:

Email Address:

A minimum \$25 pledge is required for each participant. Race-day registration is accepted, but not encouraged. Those registering late cannot be guaranteed suitable tshirt sizes. REGISTER EARLY!

Please bring your pledge money with you to the Stephenson Sports Complex the day of the event!

Checks should be made out to: Hope Memorial Relay.

Completed race forms can either be turned in the day of the event, or sent to:

Hope Memorial Relay
c/o Kathy Jensen
W5886 # 14 Lane
Wallace, MI , 49893

Questions? contact us at (906) 788-4229

I understand, in my role as team manager, I am responsible for providing team members with copies of information sent to me by the race directors. I will ensure all runners for this team sign the required waiver, and that they understand the official rules governing the relay.

Team Manager Signature: _____ Date:

There can be no refund once the donation has been accepted.

Barb Palzewic Hope Memorial Relay Waiver of Liability Form

Team Name:

No team member will be allowed to participate without signing! Due by race start!

Runner #1:

Signature: _____

Printed:

Date:

Runner #2:

Signature: _____

Printed:

Date:

Runner #3:

Signature: _____

Printed:

Date:

Runner #4:

Signature: _____

Printed:

Date:

Waiver:

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 also know that there may be traffic on the course including vehicles of other participants. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including but limited to falls, contact with other participants, the effects of weather, including high heat or humidity, and the conditions of the roads or trails, all such risks being known and appreciated by me. Knowing these facts and in consideration of your acceptance of my entry donation, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge any organization associated with this race and the local governments and police/sheriff, volunteers, and any and all sponsors including their agents, employees, assigns, or anyone acting for their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, foreseen or unforeseen, known or unknown. If as a result of my participation in the Barb Palzewic Hope Memorial Relay, I require medical attention, I hereby give my consent to authorize medical personnel of the event to provide such medical care as is deemed necessary by such authorized personnel. The above signed further grants full permission of this race and any organization conducting the race and/or agents authorized by them to use photographs, videotapes, motion pictures, recordings, or any other of this event for any purpose. I have read the foregoing and certify my agreement by my signature above.