



KEEP YOUR DISTANCE  
**RUN DRUGS**  
**OUT OF TOWN**  
 A FAMILIES AGAINST NARCOTICS VIRTUAL RUN EVENT

PRESENTED BY  
  
 Blue Cross  
 Blue Shield  
 Blue Care Network  
 of Michigan  
 Nonprofit corporations and independent licensees  
 of the Blue Cross and Blue Shield Association

# VIRTUAL 5K RUN & WALK | August 29, 2020

Because of the COVID-19 health crisis, we are foregoing our “in-person” run this year and holding a virtual event instead.

Our VIRTUAL RUN DRUGS OUT OF TOWN 5K Run and Walk will take place on Saturday, August 29th.

Instead of gathering at Fraser High School and participating in the event as a large group, participants will run or walk their 5K from any location they choose. You can run or walk on the road or sidewalk, on a trail, on a treadmill, at the gym, or on a track, at your own pace. If competition is your thing, you can time yourself and post your results online. Race shirts, race bibs, and a limited number of medals will still be provided.

Virtual races are a bit different, but they are extremely popular. We are also planning to hold some online activities in conjunction with this event, including a virtual memory tent. Help us turn a negative situation into a positive result. Run or walk with us. Virtually.



**We need your support this year more than ever!**

**\$20** Registration Only  
 Available until race day

**\$30** Registration+  
 Race Shirt and Bib  
 Medal to first 200 registrants  
 Available thru 8/15/20

**Register at [www.familiesagainstnarcotics.org/rundrugsofthetown](http://www.familiesagainstnarcotics.org/rundrugsofthetown) or return form below.**

Make checks payable to: Families Against Narcotics      Mail to: FAN, 18900 15 Mile Rd., Clinton Twp., MI 48035.

**Event (check one):**    Registration Only    Registration with Runner's Package    Donation Only \$ \_\_\_\_\_

**T-Shirt (circle):** Youth: M L    Adult: S M L XL XXL XXXL

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (check one): Male: \_\_\_\_ Female: \_\_\_\_    Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Team Name (if applicable): \_\_\_\_\_

WAIVER: In consideration of acceptance of my entry I, for myself, my executors, administrators and attendees, do hereby release and discharge Families Against Narcotics, all sponsors, organizations, supporters and spectators from all claims, damages, demands and actions whatsoever, in any manner arising from my participation in said event. I attest 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 permission to any and all of the foregoing to use my photograph, videotape, motion picture, or record of my participation in this event.

X \_\_\_\_\_  
 Signature of participant, or parent/guardian if under 18 years of age

Date: \_\_\_\_\_