

FRONT



5K Color Run/Walk to benefit Relay For Life of Phelps County

When: Saturday May 9th 9:00 AM Location: Rolla Lion's Club Park Pavilion #1
 Individuals, Mother/Daughter Teams & 6 Person Teams.

One registration form per person please.

Pre-Registration (by April 30th)

Individual: \$25

Mother/daughter team: \$45 (\$5 Savings)

If child is 5 or under for above team: \$40 (\$10 Savings)

Team of 6: \$140 (\$10 Savings)

Registration after April 30th & on race day

Individual: \$30

Mother/Daughter Team: \$55 (\$5 Savings)

If child is 5 or under for above team: \$45 (\$10 Savings)

Team of 6: \$170 (\$10 Savings)

Make checks payable to "ACS or The American Cancer Society"

Packet & t-Shirt Pickup: Friday May 8th 4-6 PM Mercy Clinic – Rolla 1st Floor Community Room

All entry fees are non-refundable and race day registrants are not guaranteed a t-shirt

Registration includes: Event T-shirt (guaranteed if registered by 4/30/15), chip-timed race & lots of **COLOR!**

Prizes: Medals for top 3 in each age group, Prizes for top mother/daughter team's & Prize for most spirited dressed team.

Team Name or Mother/Daughter Team Name: _____

Individual Name: _____ Phone: _____

Address: _____ City _____ State: _____ Zip Code: _____

Email Address: _____

Age on Race Day: _____ Male: _____ Female: _____

Emergency Contact & Number _____

Shirt Size: **YS YM YL S M L XL 2XL 3XL**

Release & Waiver (Please read and sign): I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that police protection will not be provided and there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with this running event including, but not limited to falls, contacts with other participants, the effects of weather or conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event. Knowing these facts and in consideration of your acceptance of my entry I hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims of liability for death, personal injury, property damage, or any other kind of injury of any nature whatsoever arising out of or in the course of my participation. The undersigned further grants full permission to use any photographs or videos taken during event. Minors will be accepted with a parent's signature.

I hereby waive all claims against Split Second Timing, LLC as well as any other personnel, agencies, or volunteers connected with this event. We reserve the right to cancel the event in case of dangerous, inclement weather. In the event the 5K is cancelled and not rescheduled no refunds will be issued.

____/____/____

Signature

Date

For more information or questions call or text Gina Maben @ 573-308-0805 or email Gina.Maben@Mercy.net
 Please mail completed form & checks to: **Mercy Clinic- Pediatrics Rolla Attn: Gina Maben 1605 Martin Springs Drive Suite 250 Rolla, MO 65401**

