



Firecracker 5K and 1Mile Kids' Race Registration

	. Rolla, MO Splasnzone Pa	rking Lot
When: July 4 th 2015 Cost: 5K: \$20 by July 1	/\$30 July 2nd-4 th	Kid's Race: 13& under FREE
T-shirt size YL S M L XI	•	ne chip, t-shirt, bib, and age group prices)
7 AM Registration beg		ne chip, t-shirt, bib, and age group prices)
8AM 5K begins	31113	Bib Number
9AM Kid's Race begins	5	
J	, 18-29/30-39/40-49/50-59	/60-69/70 & un
	6 & under/7-8/9-10/11-1	•
	en to top racer in each age group and top ove	
Name	Age on Ra	ice Day Phone
Address		
City	State	Zip
5K Male5K	Female Kids' Race Age	MaleFemale
	ollacity.org/webtrac, drop off entry form or mation contact: The CENTRE, Rolla's Health & Ro	ail to: The CENTRE; P.O. Box 979; Rolla, MO; 65402 ecreation Complex, 573-341-2FUN
ALL ATHLETES MUST READ AND SIGN. PLE PARENTS/GUARDIANS MUST SIGN FOR ANYOI mental limits and carries with it the potential fo RUN OR 1 MILE RUN. I certify that I am physically medical person. I hereby take the following actio competitive rules; b) I WAIVE, RELEASE, AND DIS any kind, which arise out of or relate to my partic county in which the event is held, the officer, dir entities mentioned; d) I indemnify and hold h released or discharged herein; e) I indemnify an	NE UNDER 18 YEARS OF AGE. I acknowledge the death, serious injury, and property loss. I HE fit, have sufficiently trained for participation on for myself, my executors, administrators, he CHARGE from any and all claims or liabilities cipation in, or my traveling to and from this exectors, employees, representatives and agent armless the persons or entities mentioned ab	ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY. nat a 5K Run event is an extreme test of a person's physical and EREBY ASSUME THE RISKS OF PARTICIPATING IN THE CENTRE'S 5K in this event(s) and have not been advised otherwise by a qualified eirs, next of kin, successors and assigns: a) I AGREE to abide by the for death, personal injury, property damage, theft, or damages of event, event sponsors, race directors, volunteers, the state, city, or its of any of the above; c) I AGREE not to sue any of the persons or ove from any claims made or liabilities that have been waived, oned above from any claims made or liabilities assessed. I hereby
Printed Name	Signature	Date
Office use only: Amount paid	Rec'd by Date processed	Method of payment: cash check credit card