

December 12, 2014 - 6:30 p.m.



Registration Form

Please mail or drop this form off with the registration fee at
the Rolla Chamber of Commerce, 1311 Kingshighway,
Rolla, MO 65401
(Only one registrant per form please.)

Presented by the Rolla Area Chamber of Commerce and Phelps County Regional Medical Center

NAME

AGE

GENDER (M or F)

PHONE

ADDRESS

CITY/STATE/ZIP

EMAIL: (ONLY used for updates and to send next year's registration form electronically)

Please select T-shirt size: Youth: M L Adult: S M L XL XXL XXXL

Check One: 5K Run (Early Bird: Before November 26 - \$35)

5K Run (Late Registration: After November 26 - \$40)

Release: I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to: falls, contact with other participants, the effects of weather including cold temperatures or rain, the condition of the road and traffic on the course. All potential risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf either now or in the future, waive and release, the Rolla Area of Chamber of Commerce Board of Directors and its employees, and all sponsors, their representatives and successor from all claims of liabilities of any kind, including any claims arising of our negligence or aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

PARTICIPANTS SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE