

6th Annual Sonda Ellis Moore Memorial Scholarship 5K Run/Walk

Proceeds to Benefit Sonda Ellis Moore Memorial Healthcare Scholarship

When:

Friday October 20, 2017 at 5:30 p.m.

Where:

Piedmont Physician Associates (Formerly Wayne Medical Center)
Hwy 34 and Canyon Road, Piedmont, MO

Course:

The course is a scenic 5K run/1 mile walk, including rolling hills, up Canyon Road. The course will be marked with orange cones allowing for participant safety. The event will start and end at the Piedmont Physician Associates parking lot.

Registration and Fees (non-refundable):

Pre- registration: Before October 1, 2017 - \$20
Registration: October 2, 2017 through race day - \$25
Race Day Registration Times: 4:45 p.m. – 5:15 p.m.

Awards:

Trophies will be awarded to the top overall male and female runners; medals will be awarded to the top three individuals in each age division. T-shirts will be given to all pre-registered participants on race day. *Those registering after October 1, 2017 are not guaranteed a T-shirt.*

Age Categories:

Male and female: 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 and over.

Sonda Ellis Moore Memorial 5K Entry Form:

Please return form and payment to Piedmont Physician Associates, RR 4 Box 4515, Piedmont, MO 63957
ATTN: Rhonda

Make checks payable to: Sonda Ellis Moore Memorial Scholarship Fund

Name _____ Age on Race Day _____ Gender _____
Address _____ City/State/Zip _____
Phone _____ Email: _____

T-shirt: Youth: S M L Adult: S M L XL XXL

I am participating in the: (check one) 5K 1 Mile Walk

Waiver of Liability

I understand that off road running and road racing can be a hazardous sport or recreational event. In consideration of the foregoing I, for myself, my heirs, my executors, administrators, and assigns do hereby release and discharge the Sonda Ellis Moore Scholarship Committee, Piedmont Physician Associates, Medical Center Pharmacy, Medical Center Properties, the City of Piedmont, all co-sponsors, the race director, and any of the race workers from all claims of damage demands, actions and causes of actions whatsoever, in any matter arising or growing out of this event. I verify that I am physically fit and trained to enter this event.

Signature (Parent/Guardian Signature if under 18)

Date