



December 8, 2017 - 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

NAME

AGE

GENDER (M or F)

CELL PHONE

CARRIER (ie: AT&T, Verizon, etc)

ADDRESS

CITY/STATE/ZIP

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

REGISTRATION FEE:

- \$35 - Early Registration (through Nov. 26) *Includes race bib with timing chip, glow goodies, and special edition race shirt*
- \$40 - Late Registration (after Nov. 26) *Includes race bib with timing chip, glow goodies, and race T-shirt (while supplies last - quantity and sizes not guaranteed after Nov. 26)*

Please select T-shirt size and color: Youth L S M L XL 2XL 3XL

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

FOR OFFICE USE ONLY
Amt. Paid: _____ CC: _____ Check: _____ Cash: _____ Bib #: _____