



# Firecracker 5K Race Registration

**Where:** Ber Juan Park, Rolla, MO SplashZone Parking Lot

**When:** June 29, 2019

**Cost:** 5K: \$25 by June 28<sup>th</sup>/\$30 day of race registration

**T-shirt size** YL S M L XL XXL \_\_\_\_\_ (fee includes, time chip, t-shirt, bib, and age group prices)

**7 AM** Registration begins

**8 AM** 5K begins

Bib Number _____
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**5K age groups:** 17 & under/18-29/30-39/40-49/50-59/60-69/70 & up

Awards given to top racer in each age group and top overall male and female racers.

Name \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5K Male \_\_\_\_\_ 5K Female \_\_\_\_\_

Register online at <http://firecracker5k.itsyourrace.com/>, drop off entry form or mail to: The CENTRE; P.O. Box 979; Rolla, MO; 65402. For more information contact: The CENTRE, Rolla's Health & Recreation Complex, 573-341-2FUN

**STANDARD ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY**

ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY.

PARENTS/GUARDIANS MUST SIGN FOR ANYONE UNDER 18 YEARS OF AGE. I acknowledge that a 5K Run event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE CENTRE'S 5K RUN OR 1 MILE RUN. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised otherwise by a qualified medical person. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I AGREE to abide by the competitive rules; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft, or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from this event, event sponsors, race directors, volunteers, the state, city, or county in which the event is held, the officer, directors, employees, representatives and agents of any of the above; c) I AGREE not to sue any of the persons or entities mentioned; d) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities that have been waived, released or discharged herein; e) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed. I hereby affirm that I am eighteen (18) years of age or older, that I have read this document, and I understand its contents.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only:** Amount paid \_\_\_\_\_ Rec'd by \_\_\_\_\_ Date processed \_\_\_\_\_ Method of payment: cash check credit card