



Compass Health  
Network



**October 2, 2021**

**United  
Way**



**Chip Timing!**

**Participants  
receive a shirt!**

**Kristen Blevins 573.234.2015**  
kblevins@compasshn.org  
www.compasshealthnetwork.org

## WHAT

Run or walk as we raise funds to support suicide awareness in our community.

## WHERE

North Jefferson City Pavilion

JEFFERSON CITY, MO

## PRIZES

Top 3 runners in each age division and the top male/female in the 5K will receive awards.  
7-12, 13-18,  
19-29, 30-39, 40-49, 50+

Grand Prize Drawings

Top 10 Walkers Entered  
Top 10 Runners Entered  
Winner drawn from each category

# SCHEDULE OF EVENTS

## Oct 1, 2021

11:30am-1:30pm: Registration & Early Packet Pick Up  
at CHN Office (227 Metro Drive, Jefferson City, MO)

## Oct 2, 2021

6:30 am: Race Day Registration & Packet Pick Up  
7:30 am: Registration Closes  
8:00 am: Race Begins

### ENTRY FEES:

1 Mile Walk: \$20    5K Run: \$25

**Participants 18 and under: \$10 walk or run!**

*All participants receive a shirt!*

TO REGISTER ONLINE VISIT

[www.compasshealthnetwork.org](http://www.compasshealthnetwork.org)

For more information contact Kristen Blevins

**([kblevins@compasshn.org](mailto:kblevins@compasshn.org) or 573.234.2015)**



Please make checks payable to:

**Compass Health Network**

**Mail to:**

Attn: Kristen Blevins

2625 Fairway Drive, Suite E

Fulton, MO 65251

Name: \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am registering for: 1 mile walk \_\_\_\_\_ 5K run \_\_\_\_\_

To pay via credit or debit card please call 1.636.332.2184

Checks can be made out to Compass Health Network

Signature: \_\_\_\_\_

Shirt Size (Circle)    Child: XS   S   M   L    Adult: S   M   L   XL   XXL   3XL

Please sign & return the waiver statement below:

In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims that I may have against Compass Health Network or any of the sponsors of Happy Feet for Healthy Minds OR Run For Their Lives. I certify that I am physically able to participate in this event. I grant permission for any and all of the forgoing to use any photographs, videotapes or recordings or any other record of this event for any purpose whatsoever.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent's signature required if participant is a minor)