

# Christmas Mile & 5K

Benefiting Senior Foundation of the Ozarks

**Distance:** 1 mile and/or 5k

**Date:** December 9, 2017 **Time:** 8:00 am

**Start and finish:** Meyer Center, 3545 S. National, Spf. MO

**Registration:** By mail, at Fleet Feet Sports, or at site on race day

**Fee:** \$25 (\$30 on race day)

**Awards:** Awards for Overall male/female, Masters Male/female, and age groups

**Race Number Pick-up & Race-Day Registration:**

4:00 pm-6:00pm December 8<sup>th</sup> at Fleet Feet

OR 7:00 am to 7:45 am on race day

**Post- Race Celebration:** Awards, snacks & SANTA!

**Race Director:** Rod Pennington 417-881-7595/ Rod.pennington@lfg.com

## Nonrefundable Entry Fee

*\$25 per person (\$30 per person on race day)*

Please indicate which race: 1mile  5K  Both races

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Age on 12/9/17: \_\_\_\_\_

**WAIVER:** I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be a possibility of traffic on the course. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including, but not limited to falls, contact with other participants, the affects of the weather and the conditions of the roads, all such risks being known and appreciated by me. Furthermore I agree to yield to all emergency vehicles. I also am fully aware that baby strollers, wheelchairs, mobility aids and animals will be on the course. Furthermore, I agree not to go back onto the course after finishing. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, local and state police including any and of their agents, employees, assigns or anyone acting for or on their behalf from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose. Applicants for minor accepted only with a parent or guardian signature.

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

(Parent or Guardian MUST sign if entrant is under 18 years of age!)

Please mail signed form and payment to:



Attn: Heather Johansen, 1735 S. Fort Avenue, Springfield, MO 65807  
(checks payable to "Senior Foundation of the Ozarks")

Office use only: Total Received: \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_