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Saturday August
30th

WESTFIELD PARK



5K REGISTRATION FORM

RACE DAY REGISTRATION: 8:00 AM AT WESTFIELD PARK.

5K BEGINS AT 9:00 AM.

FUN RUN FOLLOWING THE COMPLETION OF THE 5K

RACE FEES

5K - \$25

FUN RUN ADULT - \$20

FUN RUN CHILD (17 & UNDER) - \$10

AWARDS

- 5K OVERALL MALE AND FEMALE AWARDS.
- 5K AGE GROUP AWARDS.
- T-SHIRTS FOR 5K. THOSE REGISTERED BY SATURDAY, AUGUST 3, 2024 ARE GUARANTEED A T-SHIRT.

Name _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Circle one: Male Female

Age on Race Day: _____

Choose one:

- ☐ 5K
☐ Fun Run - Adult (18 & above)
☐ Fun Run - Child (17 & under)

Shirt Size:

- Youth ☐ S ☐ M ☐ L
Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Release Waiver:

I, individually, (and/or as parent, and/or guardian of the named minor) know that participating in the 5K or 1 mile is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to falls, contact with other participants, and the condition of the course, including, but not limited to objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Advance Labor Day Planning Committee and the City of Advance, its volunteers, and sponsors, and anyone else acting for or on behalf the Advance Labor Day 5K or Kids Fun Run from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I also agree that all entry fees are non-refundable and that this entry is non-transferable. I grant full permission to the Advance Labor Day Planning Committee and/or any person or entity authorized by it to use my (or the named minor's) name, age, date of birth, finish place and finish time of the in the public domain. I further grant full permission for the Advance Labor Day Planning Committee to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Name (parent or guardian if under 18)

Date

THANK YOU FOR YOUR REGISTRATION

**Make checks payable to:
Advance Labor Day Planning Committee**

Mail Forms to:

Advance Labor Day Planning Committee
107 N Christopher St
Advance MO 63730