

**WALK/RUN**

**Saturday**

**April 21st 2018**

**5K/10K**

**7th Annual**

**\*Proceeds go to the Chadwick School Foundation Fund which expands educational opportunities for students\* The 6th Annual Chadwick Foundation 5K/10K Walk/Run will be held at the Chadwick Community Building located at 123 E Oriole Drive, Chadwick MO 65629. Race will start at 9:00am. Refreshments will be available after the race, and medals will be presented to top finishers in each age division and overall finishers.**

**Age Divisions for 5K: 6 & under, 7-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50 & up. The top three males and females in each age division will receive a medal. Overall male & female winner will receive a cash prize.**

***\* Chip timing provided by Ozark Racing Systems\****

**\*PLEASE CONSIDER REGISTERING ONLINE**\* **https://runsignup.com/Race/MO/Chadwick/ChadwickSchoolFoundation6thAnnual5k**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F Age on race day: \_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: Adult: S M L XL XXL XXXL

 Youth: S M L

**\*Register by April 3rd to be guaranteed a T-Shirt\* \*No Race day Registration\***

 **Please mark your selection……**

**⃝ 5K $20.00 (on April 3rd cost will increase to $25.00)**

**⃝ Student 5K $15.00 rate (must be 18 years and under)**

**⃝ 10K $30.00 (on April 3rd cost will increase to $35.00)**

**\*Last day to register is April 19th Packet Pick-Up Friday, April 20th \***

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

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

***(Parent/Guardian signature required if participant is less than 18 years of age)***

Mail Entry forms to: Chadwick School Foundation, PO BOX 274, Chadwick, MO 65629.

Make checks payable to Chadwick School Foundation

For questions contact Jessi Little 417-207-2660 or Taylor J Daugherty 417-812-3416