

Catch Me if You Can 5K and 1 Mile Fun Run Registration Form

Missouri Sports Betterment
Jefferson City Renegades
jcrenegades@gmail.com
www.jeffcityrenegades.com

Name: _____ Phone: _____

Address: _____ City/State/Zip _____

Check your Payment: *In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. Registration is available in advance or on race day. Skateboards, skates, and bikes, are prohibited on the course. Online and mail in registration for the 5K race closes on September 15, 2018. **Register by September 15th to be guaranteed a t-shirt for 5K and Fun Mile participants.***

☐ 5K only \$25 ☐ 5K Race Day \$30 ☐ Virtual 5K \$35 (Includes Shipping)

☐ I am not able to participate in this Race but please accept my donation \$_____ enclosed.

Age: ☐ 12 and under ☐ 13-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+ **Gender:** ☐ Male ☐ Female

T-Shirt Size (Limited Quantities): ☐ S ☐ M ☐ L ☐ XL ☐ YS ☐ YM ☐ YL

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:

Please read this form carefully and be aware that in signing up and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this event. I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against the (Renegades/School/District/PTO/Park District), including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree that this agreement shall be governed by the State of Missouri. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line signature shall substitute for and have the same legal effect as an original form signature.

Signature of Applicant

Date

Signature of Parent (if under 18)

Please send payment and make checks payable to:

Jefferson City Renegades
1922 Missouri Blvd Ste F
Jefferson City, MO 65109