



20th Annual SEYMOUR Apple Festival 5K/Fun Run

DATE/TIME: **Saturday, September 14, 2024 @ 7:30 a.m.**

REGISTRATION: Before Sept. 1st - \$20.00, Sept. 1 - Race Day —\$30.00

6:45 - 7:20 a.m. @ Price Cutter Parking Lot

Make checks payable to: Seymour R-II Schools.

All proceeds go to the Seymour High School Athletic Dept.

Registered participants will receive a T-shirt while supplies last.

LOCATION: Price Cutter Parking Lot

COURSE: 5k

AWARDS: Trophies awarded to Best overall male and female

Best overall male and female—Master's Division

Medals awarded to:

Top three male and female in the following age groups:

9 and under, 10—14, 15—19, 20—29, 30—39,

40—49, 50—59, 60—69, 70 and over

CONTACT/QUESTIONS: Todd Kleier at (417) 300-1354 or tkleier@centurytel.net

NEW!!

Pre-Registration
Packet Pickup
Friday, September 13th
6:00 p.m. - 6:30 p.m. @
Seymour YMCA
315 E Center St

Registration Form

Name: _____ M / F Home Phone: _____

Address: _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Age: _____ Birthdate: _____ Registration Fee Enclosed: _____

Adult Shirt Size: S M L XL XXL Youth Shirt Size: S M L

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 condition of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. I am also fully aware that wheels of any kind (except baby strollers and competitive wheelchairs), and animals are strictly prohibited and I agree not to have them on the course. I also agree not to go back onto the course after finishing. Knowing these facts, and in consideration of you 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 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 of Athlete / _____
Signature of Parent (if under 18) _____
Date

Please Complete and Return to:
Todd Kleier
675 Trimble Road
Seymour, MO 65746

