



Saturday, July 23, 2016

Start time is 7:30 a.m. (rain or shine)

Benefitting the underserved by providing limited financial assistance for medical and dental services

Location: Jordan Valley Community Health Center, 440 E. Tampa, Springfield MO

Event: 5K ** New certified course for 2016**

Registration: Register by any of the following ways. All methods require completed form and payment.
Online - *ActNowRacing.com* Mail in to: 440 E Tampa, Springfield, MO 65806;
In-person – at Jordan Valley Community Health Center (Race Day Registration – 6:15-7:15 a.m.)

Cost: \$20 registration fee for community members
***Current Jordan Valley patients 18 and older \$10.00 each and current patients under 18 are Free!*
***Jordan Valley Employee/Immediate Family \$10.00 each and Employee children under 18 \$5.00 each*

What you get: A great, semi - flat downtown route, a great feeling of helping others, a quality event shirt, Zumba warm-up, snacks, and more

Packet Pick Up: Friday, July 22th at Jordan Valley Community Health Center from Noon to 6 p.m. and Saturday, July 23th (race day) from 6:15-7:15 a.m.

Awards: Monetary awards to the top two overall male and female finishers (including Masters division) and place medals for the top 3 finishers in each age division (childrens awards added this year for 9 and under and ages10-14)

Contact: For more information please contact Traci Hutchings at 417-831-0150 x 1316 or thutchings@jordanvalley.org

Registration Form

Name: _____

Address(Street/City/State/Zip): _____

Email: _____ **Telephone:** _____

Gender: M F **Age (as of July 23, 2016):** _____ **JV Patient** _____ **JV Employee/Family** _____

Emergency Contact and Phone Number: _____

Shirt Size: (Men's Sizes) S M L XL XXL (Women's Sizes) XS S M L XL (Children's Sizes): S M L XL
(Registration forms received by 7/12/16 will receive their shirt with packet. Registrations received after 7/12/16 may not receive shirt until after race day.)

Waiver:

I assume full responsibility for running in traffic on the course during this event, as well as any and all other risks associated with competing in this event, including falls, body contact, injury, illness and even death. In consideration of these facts, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Jordan Valley Community Health Center and any and all sponsors, organizers and volunteers for any and all claims for the death or personal injury or property damage of any kind arising out of, or in the course of my participation in this event. By signing below, I specify that I am in acceptable shape and medical condition to compete in this event.

Signature: _____ **Date:** _____
(if under 18, must be signed by a parent or legal guardian)

Payment

Checks: All checks should be made payable to: **Jordan Valley Community Health Center**

Credit Card: Visa MasterCard Discover Name on card: _____

Card Number: _____ Amount \$ _____

Expiration Date: _____ Security Code: _____