cabin fever reliever 20K / resolution 5K

REGISTRATION for JANUARY 14, 2017

presented by	ZARK MOUNTAIN RIDGE RUNNERS
	Springfield Missouri

Name	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	4 7 4 0 V 3 9 20 V	
Address	City	State	Zip
Phone number	E-mail		
Age on Race Day	Gender	2	
I AM REGISTERING FOR:	20K - non-OMRR member		35 • \$65 on race day
THE FIRST 250 REGISTRANTS will receive a pair of custom WOOL SOCKS!			
Register online at actnowracing.com. Mail or drop off registration with payment: P.O. Box 460, Nixa, MO 65714			
RACE DAY REGISTRATION AV	/AILABLE! MAKE CHECKS P	AYABLE TO: Ozark Mount	ain Ridge Runners
WAIVER: I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road [ice and/or snow], all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Cabin Fever Reliever/Resolution committee, the city of Rogersville, and the Ozark Mountain Ridge Runners, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate or commercial purpose. I understand there will be no refunds.			
Signature		Date	



SATURDAY JANUARY 14, 2017

tear along dotted line when submitting race form -- keep below for participant records



ALL EVENTS START AT 9:00 AM

Location: ROGERSVILLE HIGH SCHOOL GYMNASIUM 4700 S. State Hwy 125 in Rogersville, 65742

Water/Aid Stations on course * Overall/Age Awards * Finish Line Food

LIKE US ON FACEBOOK - Cabin Fever Reliever 20K & Resolution 5K

PACKET PICKUP - Fleet Feet Sports @ 1254 E. Republic Rd. in Springfield from 3P - 7P on Friday, 1/13 or Rogersville High School starting at 7:30A on Race Day. 1/14



