

cabin fever reliever 20K / resolution 5K

REGISTRATION for JANUARY 16, 2016

presented by 
Springfield, Missouri

Name _____

Address _____ City _____ State _____ Zip _____

Phone number _____ E-mail _____

Age on Race Day _____ Gender _____

I AM REGISTERING FOR: 20K - non-OMRR member \$55 • OMRR member \$30 • \$60 on race day

5K - \$25 • \$35 on race day

T-Shirt (unisex): S M L XL

5K PARTICIPANTS ONLY

Register online at actnowracing.com. Mail or drop off registration with payment: P.O. Box 460, Nixa, MO 65714

RACE DAY REGISTRATION AVAILABLE!

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 not 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 in consideration 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 _____

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



SATURDAY JANUARY 16, 2016

ALL EVENTS START AT 9:00 AM

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

20K RUNNERS will receive: Matching Hat/Glove/Scarf set w/embroidered bag and Finisher's Medal

5K RUNNERS will receive: Unisex T-Shirt

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

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



PACKET PICKUP - Ultramax Sports @ 1254 E. Republic Rd. in Springfield from 3P - 7P or 7:30A Race Day