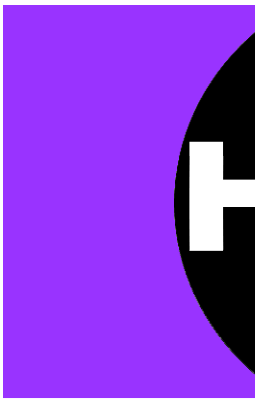




April 29th
2017
8:00 AM
START



Contact Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

T-Shirt Size: YS YM YL S M L XL 2XL 3XL

Gender: Male Female Age on day of race: _____

Relay Team Credit (if applicable): _____

Information & Payment

The course will begin at Jordan Valley Park. Participants registered prior to April 1st will be guaranteed a Festival of Hope 5K race shirt . Age group awards and refreshments will be provided following the race. All proceeds benefit the American Cancer Society. Packet pickup will be from 4:00 until 7:00 pm on Friday, April 28th at **Fleet Feet, 1254 East Republic Road.**

Pricing:	Early Bird Pricing (Prior to March 31st)
Individual: \$25	Individual: \$20
Kids 12 & Under: \$20	Kids 12 & Under: \$15
Paid___ Cash___ Check___	

___ VIRTUAL OPTION: I will not be there on race day, but would like to participate virtually. Please mail me my shirt.

****SEE REVERSE FOR WAIVER. MUST BE SIGNED UPON REGISTERING.****

Send registration forms with check or drop
by: American Cancer Society
2926 E. Battlefield Springfield, MO 65804
Elise.Peck@cancer.org 417.881.4668

Event Presented by:



Participant Waiver for Fun Run and Walk Registration

I know that running or volunteering for a fun run/walk is a potentially hazardous activity and could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform this run/walk activity, am in good health and am properly trained. I agree to abide by any decision of a run/walk volunteer 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 attest that I have read the rules of the run/walk and agree to abide by them. I assume all risks associated with running or walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including cold, high heat and/or humidity, traffic and the conditions of the road and trail, heart attacks or other types of potentially hazardous outcomes including death are possible during involvement in such an activity. I understand that bicycles, skateboards, roller skates or roller blades, animals and personal music players are not allowed in the run/walk and I will abide by all run/walk 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 American Cancer Society, Inc., Festival of Hope 5K, the city of Springfield and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the above to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____
(if under age 18)