



CONTACT INFO: TIFFANY TYGART 417-693-5377, [TIFFANY\\_J\\_TTEL@UHC.COM](mailto:TIFFANY_J_TTEL@UHC.COM)

IF INTERESTED IN SPONSORING THE RACE &/OR HAVING A BOOTH, PLEASE CONTACT US.



5K REGISTRATION UNTIL 10/8: \$30  
 5K REGISTRATION ON RACEDAY: \$35  
 10K REGISTRATION UNTIL 10/8: \$ 35  
 10K REGISTRATION ON RACEDAY: \$40

**TEAM OPTION:** HELP US RACE MORE FOR MAKE A WISH. THE TEAM THAT RAISES THE MOST WILL WIN A TROPHY!

HOW TO REGISTER AS A TEAM:

\* SELECT A TEAM NAME

\* TEAMS ARE MADE UP OF 2 TO 6 MEMBERS

\* THEY MUST ALL REGISTER AT THE SAME TIME

\*AFTER FILLING OUT THIS FORM OR THE ONLINE TEAM REGISTRATION AT [WWW.ACTNOWRACING.COM](http://WWW.ACTNOWRACING.COM), YOU CAN THEN GO OUT TO <https://friends.wish.org/073-000/register/register.asp> TO SET UP YOUR FUNDRAISING WEBSITE.

\*EACH TEAM IS REQUIRED TO FUNDRAISE AT LEAST \$50 A PERSON.

\* EACH MEMBER OF THE TEAM IS REQUIRED TO SIGN A WAIVER



SATURDAY, OCTOBER 24, 2014

5K & 10K START AT 8AM

Start at Rountree Elementary School

ROUTE MAPS WILL APPEAR ON OUR FACEBOOK PAGE CLOSER TO THE EVENT

**MUST BE PRE REGISTERED BY OCTOBER 7 TO BE GUARANTEED A SHIRT!**



OMRR FALL TRIPLE CROWN EVENT (for more info on this visit [www.omrr.org](http://www.omrr.org))

*This fantastic event will be benefiting our local Make a Wish Chapter. That means all the money will stay in this area (Southwest Missouri) to help families in our region!! For more information on this wonderful organization check out their website at:*

- TIMED BY ACT NOW PROMOTIONS [WWW.ACTNOWRACING.COM](http://WWW.ACTNOWRACING.COM)
- Parking will be at the University Heights Church, 1010 S National Ave, Springfield, MO 65804
- **FINISHER MEDALS FOR ALL!!**
- LONG SLEEVE BLACK TECH SHIRTS
- FACE PAINTING, & OTHER FUN KID ACTIVITIES

PACKET PICK UP: FRIDAY, OCTOBER 23, 4 PM – 7PM AT UNITED HEALTHCARE (1930 W BENNETT STREET); RACE MORNING AT ROUNTREE ELEMENTARY STARTING 6:30AM – 7:45AM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ AGE ON RACE DAY: \_\_\_\_

EMAIL: \_\_\_\_\_ GENDER: \_\_ MALE \_\_ FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

**SHIRT SIZE:** \_\_ MEN'S SMALL \_\_ MEN'S MEDIUM \_\_ MEN'S LARGE \_\_ MEN'S XLARGE \_\_ MEN'S XXLARGE

\_\_ WOMEN'S SMALL \_\_ WOMEN'S MEDIUM \_\_ WOMEN'S LARGE \_\_ WOMEN'S XLARGE \_\_ WOMEN'S XXLARGE

**RACE:** \_\_ 5K \_\_ 10K INDIVIDUAL \_\_\_\_ TEAM \_\_\_\_ TEAM NAME \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\* FOR YOUR SAFETY & THE SAFETY OF ALL PARTICIPANTS, HEADPHONES WILL NOT BE PERMITTED ON THE COURSE. \*\*IMPORTANT: EACH COMPETITOR MUST COMPLETE & SIGN THIS FORM, AGREEING TO THE WAIVER AS DESCRIBED BELOW. ONE PERSON PER WAIVER.

**RACE LIABILITY WAIVER:** I ASSUME FULL RESPONSIBILITY FOR RUNNING IN TRAFFIC ON THE COURSE DURING THIS EVENT, AS WELL AS ANY AND ALL RISKS ASSOCIATED WITH COMPETING IN THIS EVENT, INCLUDING BUT NOT LIMITED TO: FALLS, BODY CONTACT, ROAD CONDITIONS, AND WEATHER. 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 ROUNTREE ELEMENTARY, UNITED HEALTHCARE, MAKE-A-WISH, ITS VOLUNTEERS & ORGANIZERS OF THIS EVENT, AND ANY OR ALL SPONSORS AND THEIR AGENTS FROM ANY AND ALL CLAIMS FOR DEATH OR PERSONAL INJURY OR PROPERTY DAMAGE OF ANY KIND OR NATURE WHATSOEVER ARISING OUT OF, OR IN THE COURSE OF, MY PARTICIPATION IN THIS EVENT. I, BY SIGNING BELOW, SPECIFY THAT I AM IN ACCEPTABLE SHAPE AND MEDICAL CONDITION TO COMPETE IN THIS EVENT.

SIGNATURE \_\_\_\_\_ (PARENTS MUST SIGN IF PARTICIPANT IS UNDER 18) DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

REGISTER ONLINE AT [ACTNOWRACING.COM](http://ACTNOWRACING.COM) OR BY MAILING THIS FORM TO: UNITED HEALTHCARE ATTN: TIFFANY TYGART, 1930 W BENNETT STREET, SPRINGFIELD, MO 65807. CHECKS PAYABLE TO: UHC Leet, please put Wizard Waddle in the memo of the check.