



CONTACT INFO: TIFFANY TYGART 417-693-5377, TIFFANY_J_TEEL@UHC.COM

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



SATURDAY, OCTOBER 25, 2014

5K START AT 9A, FUN RUN START AT 9:15A

Start at Rountree Elementary School

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

MOST BE PRE REGISTERED BY OCTOBER 8 TO BE GUARANTEED A SHIRT!



2nd OMRR FALL TRIPLE CROWN EVENT (for more info on this visit www.omrr.org)

5K REGISTRATION UNTIL 10/8: \$30

5K REGISTRATION ON RACEDAY: \$35

*1 MILE FUN RUN: \$ 10

* 1 MILE IS NOT TIMED & DOES NOT INCLUDE A SHIRT. YOU MAY PURCHASE A SHIRT (DEADLINE 10/8) FOR \$10.



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: [www. http://mo.wish.org/](http://mo.wish.org/)

➤ TIMED BY ACT NOW PROMOTIONS WWW.ACTNOWRACING.COM



➤ TOM TRTAN WILL BE HOSTING!

➤ Parking will be at the University Heights Church, 1010 S National Ave, Springfield, MO 65804

- **FINISHER MEDALS FOR ALL!!**
- **LONG SLEEVE BLACK TECH SHIRTS FOR 5K**
- FACE PAINTING, & OTHER FUN KID ACTIVITIES

PACKET PICK UP: FRIDAY, OCTOBER 24, 3 PM – 8PM AT UNITED HEALTHCARE (1930 W BENNETT STREET); RACE MORNING AT ROUNTREE ELEMENTARY STARTING 7:30AM – 8:45AM

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 __ FUN RUN

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 OR BY MAILING THIS FORM TO: UNITED HEALTHCARE ATTN: TIFFANY TYGART, 1930 W BENNETT STREET, SPRINGFIELD, MO 65807. CHECKS PAYABLE TO: Make a Wish