

| Running For (Please select one): |
|--|
| ☐ Elementary (HHPTA) Student: |
| ☐ Middle (HHPTSA) Student: |
| ☐ Both (Split, HHPTA/HHPTSA) Student: |
| Student: |

Registration Information

This fundraising event will be held at Hickory Hills Elementary/Middle School back parking lot on Friday, October 2, 2015. This event, open to individuals of all ages, will include a Family Fun Festival, competitive 5k starting at 6pm, and a family friendly 1 Mile Walk/Run starting at 6:15pm. Family Fun Festival and gates will open at 4:30pm.

Food will be on grounds or picnics are welcome. Bring your lawn chairs and enjoy the fun!

Registration Pricing

Early Registration ends August 31

5 & Older \$15 includes shirt
Under 5 Free without shirt
Virtual Runner \$15 includes shirt/bib

Standard Registration starts Sept. 1

5 & Older \$20 includes shirt
Under 5 Free without shirt
Virtual Runner \$20 includes shirt/bib

Day of Registration \$25

(Shirt delivered at later date)

Additional T-Shirts \$10 Each

\$3.50 Online Registration through ActNow Racing

Donations made above the registration fee are appreciated and welcomed. Sponsorship opportunities are also available. All proceeds from this event will benefit HHPTA and/or HHPTSA.

PARTICIPANT INFORMATION:

| FIRST NAME: | |
|-------------------------|----------------------|
| LAST NAME: | |
| STREET ADDRESS: | |
| CITY:S | STATE: ZIP CODE: |
| PHONE NUMBER: | DATE OF BIRTH: |
| GENDERFM | RACE CATEGORY5K1 MIL |
| SHIRT SIZE:S | MLXLXXL |
| Youth S | Youth MYouth L |
| PAYMENT/SUBMISSION INFO | RMATION: |
| CHECK (payable to | э ННРТА) |
| ADDITIONAL DONA | ATION |
| \$TOTAL PAYMENT | |

MAIL TO SPARTAN SPRINT c/o HICKORY HILLS, 4650 E STATE HIGHWAY YY, SPRINGFIELD, MO 65802

Credit card payments and online registration for race available at www.ActNowRacing.com/events

By signing this registration form, I waive all claim for myself, my heirs, and estate against any and all race officials, organizers, sponsors, or any other business or organization involved for any injury's or illness resulting from my participation in this race. I understand this waiver applies to any injury that I may suffer because I used headphones, ran with a child, stroller/jogging carriage, wheelchair, medical stroller or the like. I also state that I am in proper physical condition to complete this race. I understand that bicycles, skateboards, roller skates/blades, and animals are not allowed in this race.

I certify as a material condition to my being permitted to enter this race that I am physically fit, and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

PARTICIPANT SIGNATURE (under 18 Requires Parent / Legal Guardian Signature):