



VISION CLINIC

9.27.14 5K



NEW COURSE! Saturday, September 27 at 8:00 am | Vision Clinic-Springfield

Join us for our 3rd annual Vision Clinic 5K! All proceeds benefit Optometry Giving Sight.

7:00 am Registration • **8:00 am** Race Begins • Awards to follow
Vision Clinic-Springfield • 3440 S National Ave

REGISTER ONLINE:
www.myvisionclinic.com
www.actnowracing.com

MAIL IN TO:
Vision Clinic-Springfield
3440 S National Ave
Springfield, MO 65807

Please make checks payable
to Optometry Giving Sight

PACKET PICK-UP:
• Sept. 26th from 9:00 am – 4:30 pm
at Vision Clinic-Springfield
• Premium cotton t-shirts and
Vision Clinic bags for all registrants

AWARDS:
• Medal and gift bag for Overall
Male and Female
• Medals for top three Male and
Female finishers in each division

**THE FIRST 50 TO REGISTER
WILL RECEIVE A VISION CLINIC
SHAKER BOTTLE!**

RACE ENTRY FEE:
Pre-Register by Sept. 26th: \$25
\$15 for children 14 and under

Race Day: \$35
\$15 for children 14 and under

DON'T MISS: Post-race drawings for items such as sunglasses from Oakley, Ray-Ban, Coach and Prada, rounds of golf and a variety of gift cards to local businesses. ++You must be present to win.

NAME (FIRST/LAST)

EMAIL

ADDRESS

PHONE NUMBER

MALE / FEMALE

XS SMALL MEDIUM LARGE XL XXL

AGE RACE DAY

GENDER

UNISEX SHIRT SIZE

Additional donation amount for Optometry Giving Sight: \$ _____

In consideration of the acceptance of this entry in the 2014 Vision Clinic 5K, I hereby wave, release and forever discharge any and all rights and claims for myself, heirs, executors and assigns against the organizers of this event or any of their affiliates, agents, employees, representatives, assigns, servants or volunteers. This release is to include any and all claims for personal injury, illness, death or damage that may directly or indirectly result from participation in this event. By signing below, I specify that I am in acceptable medical condition to participate in this event and that I am in sound mind to execute this order.

Proudly supporting the

Signature (or parent/guardian if under 18): _____



You can transform a life. Help to give the gift of vision.