



2nd ANNUAL ST. PAT'S 5K



Sponsored by Summersville School Foundation

Date & Race Time: Saturday, March 17, 2018 at 8:00 am (Check-in starts at 7:15 am)

Where: In Front of the Security Bank of the Ozarks in Summersville, MO.

5K Fee: The registration cost of \$25 includes your race entry and the guarantee of a race t-shirt in your requested size. Summersville school-aged runners are \$15. Pre-registration will end on Friday, March 2. You may register the day of the race but there will be no t-shirt as part of your registration fee.

Awards: Girls and Boys Classes (10 & under) and (11-19) will receive 1st - 3rd place medals.

Make Checks Payable To: Summersville School Foundation. Registration forms and fees must be received by Friday, March 2, and can be dropped off at the Summersville High School office or mailed to:

Summersville High School
Attn: Charlotte Spencer
525 Rogers Avenue
Summersville, MO

Contact: Charlotte Spencer or Julie Craig at 417-932-4929

-----Detach Here-----

Please Print Clearly

Name _____ Gender _____ Age _____

Address _____

Phone _____

Shirt Size (Circle One): YM YL S M L XL XXL None

Waiver

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including but not limited to: falls, contact with other participants, the effect of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. All fees are non-refundable. Race will take place rain or shine. In the event of extreme weather, the race will be rescheduled. Having read this waiver and knowing the facts, and in consideration of your acceptance of my application, I for myself and anyone entitled to act on my behalf, waive and release the even and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Registration will not be accepted without acknowledgement of waiver signature.

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

ADDITIONAL SHIRTS MAY BE PURCHASED:

Adults \$15. Number purchased _____ @ \$15. Total \$_____

Youth \$12. Number purchased _____ @ \$12. Total \$_____

Shirt Size (Circle One): YM YL S M L XL XXL

TOTAL COST OF ADDITIONAL SHIRTS \$_____