

WAIVER

In consideration of the acceptance of my entry in the 4-Mile Run & 2-Mile Walk. I acknowledge and represent that I am physically fit and sufficiently trained to participate in an event of this nature. I understand this is an open course; and I accept all and full responsibility for any injury or accident resulting from my participation in this event and release from any and all liability the City of Cameron, Cameron Regional Medical Center, race sponsors, and any race officials connected during the 4-Mile Run/2-Mile Walk and/or related activities.

I acknowledge that participation in the 4-Mile Run/2-Mile Walk competition carries with it potential hazard, and that it is my individual responsibility to determine the safety of the course in light of my training and ability and determine the extent of my participation on the day of the events. I understand this is a strenuous competition with risk of accidents on the road and I freely and voluntarily assume all the risks known or unknown, incident to my participation.

I consent to receive medical treatments in the event of injury, accident and/or illness during the 4-Mile Run/2-Mile Walk.

I acknowledge that I have the sole responsibility for my personal possessions and athletic equipment during the 4-Mile Run/2-Mile Walk and related activities.

I permit the free use of my name and any photographs, videotapes, motion pictures, recordings or any other record of this event for publicity and/or promotional purposes.

This waiver shall be binding on my heirs, personal representatives, executors, administrators and assigns. I hereby acknowledge I have read, understand, and agree to the terms of the waiver.

Signature: _____
(Parent or Guardian if under age 18)

Date: _____



Cameron Regional Medical Center Foundation
P. O. Box 158 - 1600 East Evergreen
Cameron, MO 64429
ATTN: Trina Reeder

Cameron Regional Medical Center

31st Annual



4-Mile Run, 2-Mile Walk, & Kids' Fun Run

Thursday, July 4, 2019
7:30 a.m. Race Start

Recreation Park - 221 Seminary
Cameron, MO 64429

4-Mile Run

Entry Fee:

\$25.00 - Includes t-shirt & give-away

Early Entry Deadline:

Tuesday, June 25, 2019

Late Registration:

Entries received after June 25th will be subject to a \$5.00 late fee totaling \$30.00

Awards:

Trophies to top 3 male and female overall

Masters Division: (40 years old and over)

Trophies to top 3 male and female

Age Group Divisions: Medals to top 3 male and female in each of the following age groups:

10 and under	45-49
11-14	50-54
15-19	55-59
20-24	60-64
25-29	65-69
30-34	70-74
35-39	75-79
40-44	80 and over

There will be no duplication of any award

2-Mile Walk

Entry Fee:

\$15.00 - Includes t-shirt & give-away

Early Entry Deadline:

Tuesday, June 25, 2019

Late Registration:

Entries received after June 25th will be subject to a \$5.00 late fee totaling \$20.00

Early Packet Pickup:
Wednesday, July 3, 2019 -11:00 am to 4:00 pm at:

**Cameron Regional Medical Center
Conference Room
1600 East Evergreen
Cameron, MO 64429**

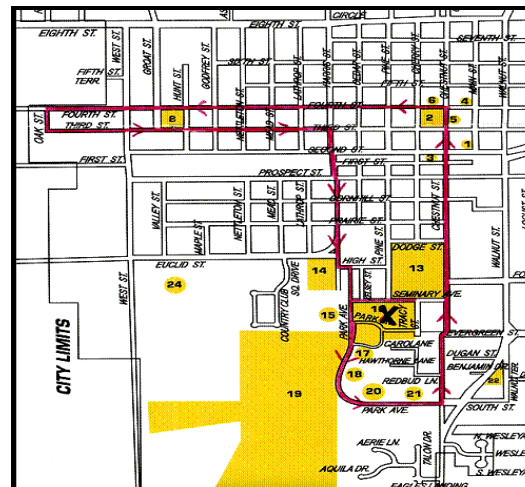
Kids' Fun Run No Entry Fee

RACE DAY SCHEDULE:

6:30 am - Registration/Packet Pick-up
7:30 am - 4-MILE RACE START
7:30 am - 2-MILE WALK START
8:00 am - Kids' Fun Run Registration
8:30 am - Kids' Fun Run Start
9:00 am (approx.) - Awards
1:00 pm - Parade - ride the shoe!

RACE FEATURES:

- Chip timing provided by *Race Day Timing Solutions*
- USAT&F Certified 4-Mile course
- Water station
- DJ services by *BJ The DJ*



RACE COURSE MAP

ENTRY FORM

4-Mile Run(\$25) _____ 2-Mile Walk(\$15) _____
Fees above good until June 25; Late fee of \$5 each Runner and/or Walker after June 25.

(Please check one above & provide the proper fee)
Please print legibly

Name _____

Address _____

City _____

State _____ ZIP _____

Phone _____

BIRTHDAY _____ Male

(MM/DD/YY) Female
(Please check one)

AGE _____ (as of July 4, 2019)

Email Address _____
Must fill out entry form completely, front and back. Thank you!

T-Shirt Size

S M L XL XXL
(please circle one)

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS THE
WAIVER ON THE OPPOSITE SIDE IS SIGNED.**

Challenge Cup Entry

TEAM _____
NAME: _____

Take home the Administrator's Cup and/or the Poland-Clark Cup by being the organization with the most race finishers (walkers included) and/or the organization with the fastest combined male-plus-female time. Simply enter the name of your organization on the **Challenge Cup Entry** and encourage participation. **MUST REGISTER AS A TEAM PRIOR TO RACE DAY.**

Return completed form and entry fee to:
**Cameron Regional Medical Center-Run
P.O. Box 158
Cameron, MO 64429
Attn: Trina Reeder**

OR register online at **active.com**

If you have questions, please contact:
**Bob Risser OR Joe Abrutz
816-632-7340 816-649-3203
rdrisser@gmail.com**