

## REGISTRATION FORM

| Participant 1 Name:   |                       |
|---|-----------------------|
| Address, City, State:   |                       |
| Email:  | Phone:                |
| Run: Walk: Age: Ma  | ıle:□ Female:□ Fee:\$ |
| Participant 2 Name:   | Fee: \$               |
| Participant 3 Name:   | Fee: \$               |
| Participant 4 Name:   | Fee: \$               |
| Participant 5 Name:   | Fee: \$               |
| Participant 6 Name:   | Fee: \$               |
| Participant 7 Name:   |                       |
| Shirt size(s): S M L XL 2. (Unisex) Shirt guaranteed to participants re | XL 3XL 4XL Youth L    |

I know that running is a potentially hazardous activity. I should not enter or run in 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 effects 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.

Having read this waiver and knowing these facts, and in consideration of Lake Regional Health System's acceptance of my applications, I, for myself and anyone entitled to act on my behalf, waive and release the Scrub Run and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Furthermore, I acknowledge this event may be canceled because of inclement weather, and all fees are nonrefundable.

| Signature   | Date |
|---|------|
| Porent Signature (if any porticipants one under 18) | Dote |

## Saturday, May 6

**Registration opens at 7 a.m.** Lake Regional Hospital, Lot A

The 5k begins at 8 a.m.

\$30 fee - chip timing and T-shirt \$20 fee - chip timing only

Fuel up with a **free pancake breakfast** before the race!
Pancake breakfast costs \$5
for non-participants over age 5.

For more information, call 573-348-8222 or visit lakeregional.com/ScrubRun.

## How to Register

Scan the code to visit lakeregional.com/ScrubRun.

OR

Mail or drop off this form to Lake Regional Health Foundation, 54 Hospital Drive, Osage Beach, MO. Located on the first floor of the Michael E. Henze Medical Office Building. Please make checks payable to Lake Regional Health Foundation.



