

5K Run|Walk to Support Breast Cancer Foundation Of Ozarks June 20, 2015

REGISTERER BY JUNE 5^{TH} TO GUARANTEED A T-SHIRT ON RACE DAY * CHECKS PAYABLE TO GSACC

MEDALS FOR EACH AGE GROUP 1ST – 3RD MALE/FEMALE * OVER ALL MALE/FEMALE AWARD AGE DIVISION: 9 & UNDER * 10-15 * 16-19 * 20-29 * 30-39 * 40-49 * 50-59 * 60 +

DAY OF RACE LOCATION: SOUTH PARK WATER ST * SEYMOUR * MO

NAME:	DOBAGE ON RACE DAY		E DAY
ADDRESS	CITY	STATEZIP_	
PHONE	EMAIL		
Are you a survivo	r? Y N	Years	
MALE / FEMALE * AGE DIVISION Cit	cle one of each: under 9 * 10	-15 * 16-19 * 20-29 * 30-39 *	40-49 * 50-59 * 60 +
	TSHIRT: YS * YM * YL * S *	M * L * XL	

I hereby acknowledge that I am voluntarily participation in this activity. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this activity. I hereby hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against the Greater Seymour Area Chamber of Commerce or City of Seymour, any and all race sponsors, race officials and volunteers, related to my participation in this activity. Minors are only accepted with parent or guardian signature.

Signature Date

Mail Registration forms to: GSACC * Po Box 700 * Seymour * Mo 65746