

**Missouri Forget-Me-Not Horse Rescue and Sanctuary
presents the**

**1st Annual Forget-Me-Not Trot 5/10K Run or Walk
Saturday June 29, 2013
At the Linn Creek City Park**

**Start Time 7:30AM Walkers 7:45AM Runners
Registration opens at 6:30AM**

**\$20 pre-registration \$25 registration at the race
Participants Donating \$100 or more will be able to choose a photo of a rescue horse to
sponsor for the month and be entered into a drawing for prizes. Each additional \$50 will
receive an additional photo and chance for the drawing.**

**All Proceeds benefit the Missouri Forget-Me-Not Horse Rescue in Linn
Creek.**

Refreshments, and the flattest, easiest 5K course at the Lake!

Registration Form

To register by mail, return completed registration form (one for each participant) and entry fee before June 25th to:

Missouri Forget-Me-Not Horse Rescue & Sanctuary, 1025 Heritage Rd., Linn Creek, MO 65052

Name: _____ Gender (M / F)

Age on race day: _____ Shirt Size: YL S M L XL

Street Address: _____

City, State, Zip: _____

Phone: _____

Entry fee: \$20

E-mail: _____

WAIVER AND RELEASE

In consideration of my participation in the Forget-Me-Not Trot 5K, I do hereby agree to hold free from any and all liability the Missouri Forget-Me-Not Horse Rescue & Sanctuary and its respective officers, employees, volunteers and members; the City of Linn Creek and its employees; event volunteers, sponsors and anyone acting for or on their behalf; and I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in the Forget-Me-Not Trot 5K.

I do further declare myself to be physically sound and suffering from no condition or illness that would prevent my participation in the Forget-Me-Not Trot 5K. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in this event without the approval of my physician.

Signature of participant (or parent/guardian if participant is under 18) _____

Date: _____