



## 2nd Annual Forget-Me-Not Trot 5/10K Run or Walk

**Saturday June 28, 2013**

**At the Linn Creek City Park, West Valley Dr., Linn Creek, MO**

**Start Time 7:30 AM**

**Registration opens at 6:45 AM**

**\$20 pre-registration \$25 registration at the race**

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

<http://www.missouriforgetmenot.com/index.htm> or find us on Facebook.

**Medals for top 3 in each category. Pre-register to guarantee t-shirt availability.**

### **Registration Form**

To register by mail, return registration form (one for each participant) and entry fee before **June 25th** to:  
Missouri Forget-Me-Not Horse Rescue & Sanctuary, Attn: Michelle Cox, 1025 Heritage Rd., Linn Creek, MO  
65052. (573) 216-3838

Name: \_\_\_\_\_ Gender (M / F)

Age on race day: \_\_\_\_\_ Shirt Size: YL S M L XL No shirt

Choose: 5/10K Run or 5K Walk

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: \_\_\_\_\_