



All proceeds will go to support the Phillips family

Saturday September 19, 2015

Where: Osage Beach Tri-County YMCA (950 Airport Road)

Time: 9:00am with Race Day registration starting at 7:45am

Cost: Pre-Registration **\$25-5K/\$55-Half (Sept. 1st)** Race day **\$35/\$70**

Awards for 1st overall male and female.

All entry fees are non-refundable and race day registrants will not be guaranteed a T-Shirt

Chip Timing will be provided

Medals for the top 3 finishers in each age group!

Finishers Medals for all 5k & half registrants!

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Email Address: _____

Age on Race Day: _____ Male _____ Female _____ 5k _____ Half _____

T-Shirt Size: (Adult sizes) ☐SM ☐M ☐L ☐XL ☐XXL ☐I do not want a t-shirt

Age Group awards: 0-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60 and over

RELEASE OF LIABILITY

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

I, _____, grant permission for my child, _____, to participate in the Rise & Shine 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Rise & Shine, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Rise & Shine Run, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature _____ Date _____

Please make checks payable to Rise and Shine and mail entry form to: **Tami Wehmeyer**
2545 North Business Route 5
Camdenton, MO. 65020