



2025 Run For the Horses 5K SATURDAY JUNE 21, 2025

Linn Creek City Park, 102 West Valley Dr., Linn Creek, MO 65052

Registration opens at 6:30 AM, Start Time 7:30 AM

\$25 pre-registration, \$30 registration day of race, Children under 12: \$10. For information call Cheryll McGuire 281-468-3508.

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

Optional Online Registration: Pay with credit card or PayPal at missouriforgetmenot.org/events.

Medals for top 3 finishers in each category at Saturday race.

Registration Form

Pre-register by June 1st to guarantee T-shirt availability.

To register by mail, return registration form (one for each participant) and entry fee payable to **MFMN** before **June 15th** to:

Cheryll McGuire, 1109 Maritime Lane, Roach, MO 65787

Name: _____ Gender (M/F)

Age on race day: _____ Shirt Size: S M L XL No shirt

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Entry fee: \$25 before June 15th; After June 15th \$30; Children under 12: \$10

WAIVER AND RELEASE

In consideration of my participation in the "MFMN Run For The Horses," 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 "MFMN Run For The Horses." I do further declare myself to be physically sound and suffering from no condition or illness that would prevent my participation in the "MFMN Run For the Horses." 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: _____