

Missouri State Parks Racing Series Application

One (1) entry per form. This form may be reproduced. Please PRINT!

Birth date	Age	Gender (c	ircle one):	Male	Fema	le
ddress						
ty						
ome Phone						
mail		•				
under 18, name of responsible adult						
EGISTRATION FEES (check race(s) and distance)						
☐ Knob Noster Nature 9K	Saturday, May 2, 2015 - 9 a.m.		9K Tr	ail Run		\$25
Indicate shirt size if registration receive	ed by April 19, 2015. (Adult Sizes)) S	М	L	XL	XXL
☐ Derricotte Dash	Saturday, May 16, 2015 - 9 a.m	i.		ail Run e Fun Wa	ll _e	\$25 \$20
Indicate shirt size if registration receive	ed by May 3, 2015. (Adult Sizes)	S	M	L	XL	XXL
☐ White River Valley Trail Trek	Saturday, June 6, 2015 - 9 a.m.		5 K Tr	ail Run		\$25
a write river variey frail frek	Saturday, June 0, 2015 - 9 a.m.			Frail Run		\$30
Indicate shirt size if registration receive	ed by May 24, 2015. (Adult Sizes)	S	М	L	XL	XXL
☐ Finger Lakes Adventure Challenge	Saturday, September 12, 2015	- 9 a.m.		ayak Race ail Run	<u>!</u>	\$30
Indicate shirt size if registration receive	ed by August 30, 2015. (Adult Siz	zes) S	М	L	XL	XXL
☐ Rocktober Run	Saturday, October 4, 2015 - 9 a	ı.m.		ail Run e Fun Wa	lk	\$25 \$20
Indicate shirt size if registration receive	ed by September 20, 2015. (Adul	t Sizes) S	M	L	XL	XXL
☐ Prairie State Park Stampede	Saturday, October 17, 2015 - 9	a.m.	5K Tr	ail Run		\$25
Indicate shirt size if registration receive	ed by October 4, 2015. (Adult Siz	res) S	М	L	XL	XXL
☐ Haulin' Bass	Saturday, November 14, 2015	- 9 a.m.		ail Run Frail Run		\$25 \$30
Indicate shirt size if registration receive	ed by November 1, 2015. (Adult 9	Sizes) S	М	L	XL	XXL
☐ Katy Trail Tunnel Trot	Sunday, December 6, 2015 - 1	p.m.		ail Run Frail Run		\$25 \$30
Indicate shirt size if registration receive	ed by November 22, 2015. (Adult	: Sizes) S	M	L	XL	XXL

PAYMENT

Make checks payable to and mail registration form to:

Ozark Racing Systems 3057 S. Fremont Springfield, MO 65804 > > Please read and sign release located on second page.

Applications without signed release will not be accepted.

For Office Use Only	
BIB#	

RELEASE

I understand that running or walking in the Missouri State Park Racing Series is a potentially hazardous activity. I hereby certify that I am physically sound and capable to participate in this event. I assume all risk and responsibility associated with entering in the Missouri State Park Racing Series, including, but not limited to falls, contacts with other participants, adverse effects of weather, including heat and humidity, traffic, and conditions of roadways, trail, rivers and lakes, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application I, for myself and anyone entitled to act on behalf, waiver and release the State of Missouri, Department of Natural Resources, all officers, employees, affiliates, volunteers, sponsors, and agents thereof, regarding the Missouri State Park Racing Series, of any and all injuries or liabilities of any kind arising out of my participation in this event.

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSign-up.com, Missouri Department of Natural Resources, Ozark Racing Systems, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature		Date
Parent's Signature		Date
3	(If the rider is under age 18.)	