

CHAUTAUQUA 5K RUN

Saturday September 21, 2024 in Gallatin, MO

Course Description

The 5-kilometer (3.1 mile) loop course starts and finishes on the south side of the intersection of Market & Grand Streets in Gallatin.

Entry Fee

\$25 registration fee for all ages. Entry fee is non-refundable. Proceeds benefit A-II Fitness & Access II Wellness.

Registration Information

SW Corner of Market and Grand Streets on race day from 6:30am – 7:00 a.m. Race starts at 7:00am.

OFFICIAL RACE ENTRY FORM

Enter all information below, and sign waiver, which is required to participate.

Name _____ Age _____ Male [] Female []

Address _____ City/State/ZIP _____

Date _____ Phone Number: _____ Email address: _____

ENTRY FEE ENCLOSED: \$ _____

I would like to make an additional tax-deductible donation to Access II in the amount of \$ _____

Mail Entry to: Access II, 101 Industrial Parkway Gallatin, MO 64640 Make checks payable to: *Access II*

E-mail for more information: awilson@accessii.org or call 660-663-2423 ext. 230



RACE WAIVER – PLEASE READ AND SIGN TO PARTICIPATE

I know that running a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and conditions of the road, all such risks being known and understood by me, having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Access II Independent Living Center, or the town of Gallatin, County of Daviess, sponsors and agencies and municipalities, their representatives, and successors for all claims or liability of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature of participant

Signature of parent/guardian of participant under 18

Waiver of Emergency Medical Treatment

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I, _____, the undersigned participant in the above event, acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Participant Print Name: _____ Date: _____

Participant's Signature: _____ Race Number: _____

Witness Print Name: _____ Date: _____

Witness's Signature: _____