# CHAUTAUQUA 5K RUN

## Saturday September 16, 2023 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 Access II Independent Living Center Inc.

### **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 ILC, 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

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### 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.

<b>Waiver of Emergency</b> I	<b>Medical Treatment</b>	
"5-K"—Sept 16, 2023		
However, I have declined such medical assistence with full understanding that my conductive reasonably foreseeable at this time, and that any damages as a result of such injury, includindemnify and not to sue the organizer(s) of officers, directors, agents, including the own	, the undersigned participant in the above event, been offered medical assistance and/or transport to a distance/transport to a medical facility and have willing act may increase my risk of serious injury or death, in a I willingly agree to assume all risk and accept person uding permanent disability or death, and I do hereby ref said event, its affiliated organizations and sponsors, oners and lessors of premises used to conduct the event is herein referred to above from all liability, loss, cost,	gly elected to continue in the above cluding other unknown risks not nal responsibility for my actions and elease, discharge and covenant to employees and associated personnel, t, and I also agree to save and hold
I have read the above waiver/release and undvoluntarily.	derstand that I have given up substantial rights by sign	ning this release and sign below
Participant Print Name:	Date:	

Participant's Signature: \_\_\_\_\_\_ Race Number: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature:

Signature of participant

Signature of parent/guardian of participant under 18