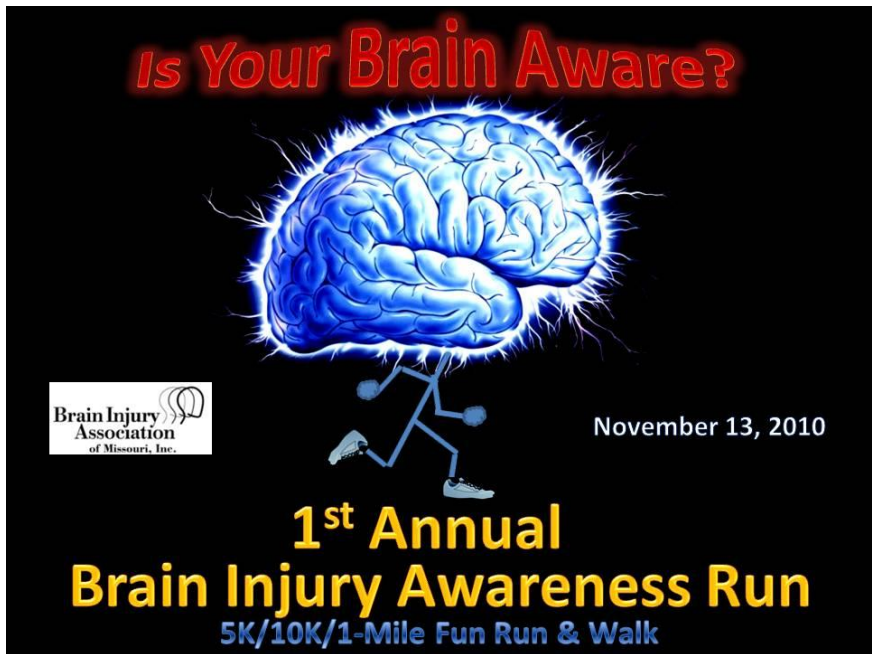




Saturday, November 13,
2010 @ 8:00am
Check-in: Beginning @
6:30am

On The Square in
Mt. Vernon, MO

For more information call:
(417) 766-1079
(417) 461-5599



Directions to Downtown Mt. Vernon (319 East Dallas Street, Mount Vernon, MO 65712):

Traveling on I-44 turn right (East) on Hwy 174 at Exit 49, go 4 miles and turn left on Main Street at Circle K/Conoco. Square will be ahead 1-2 miles.

Brain Injury Awareness Run 2010 Entry Form (May be duplicated for additional entrants)

Return this form & make checks **payable to:** Brain Injury Awareness Run (mailed checks postmarked no later than 8 Nov 10)
Mail to: Missouri Rehabilitation Center, Hearnes 6, ATTN: John Klay, 600 North Main Street, Mt. Vernon, MO 65712
 Online registration available at www.ozarkraces.com (search for "brain" to find the event; small online transaction fee applicable)

LAST NAME _____ FIRST NAME _____

GENDER () M () F AGE ON 11/13/10 _____ DATE OF BIRTH _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ RACE (circle one) 5K 10K 1-Mile Walk/Run

SHIRT SIZE S M L XL XXL

FEES: 5K - \$15.00; 10K - \$17.00; 1Mile - \$5 before day of race; \$20 on race day for all events
 You must mail or bring in a signed hard copy of this release and waiver form with your payment. PAYMENT ENCLOSED \$ _____

ALL PARTICIPANTS READ CAREFULLY AND SIGN ACKNOWLEDGEMENT, WAIVER & RELEASE FROM LIABILITY:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic on the course route. I assume the risk of running traffic. I also assume any and all other risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of weather including extreme cold and/or precipitation and the condition of the roads, all such risks being known and appreciated by me. I agree to abide by all the decision of the race officials relative to my ability to safely complete this race. Knowing these facts and in consideration to your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the 1st Annual Brain Injury Awareness Run administrators, volunteers and any other sponsors including their agents, employees, or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event through that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This Release/Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. Applications for minors will be accepted only with a parent's signature. (If a parent signing on behalf of a minor, then the parent agrees to defend and indemnify all persons and entities listed above on this Release/Waiver against any claims brought against them by that minor at any time, arising out of the minor's participation in this event.)

Signature of participant (parent/guardian if participant is a minor) _____ Date: _____