



Race Details:

- Bunny Run (1 lap) & 1-mile Walk/Run:
8 a.m. – Begins at St. John’s Hospital-Lebanon South Parking Lot
- 5K & 10K Event:
8:30 a.m. – Race starts at St. John’s Fitness Center-Lebanon

Registration: 3-5 p.m., Friday, April 2 – Hospital Lobby
7:30 – 8:15 a.m. Race Day – St. John’s-Lebanon Fitness Center

Cost:	<i>Individual</i>	<i>Family (family size: 4 members)</i>
Early Bird Registration (before race day):	\$18	\$40
Race Day:	\$20	\$55
(*Note: Families with more than 4 members will be charged an additional \$5.00 per person)		

PLEASE NOTE: 1) Each entrant MUST complete and sign a separate registration form and event waiver. Additional forms may be downloaded at www.stjohnslebanon.com 2) We encourage you to go the extra mile! Extra monetary or food donations will gladly be accepted on registration and race days.

ST. JOHN’S HOSPITAL – LEBANON

Saturday, April 3

Runners, joggers, walkers and families are all invited to the 7th Annual Mercy Me Run on Saturday April 3. This year’s event features a short “Bunny Run” for the kids, plus our usual 1-mile & 5K routes, and a newly-added 10k for the serious runners.

The 5K and 10K events begin at 8:30 am at St. John’s Fitness Center, and the 1-mile Fun Run & kids’ “Bunny Run” begins at 8:00 am at the Hospital south parking lot.

All proceeds from the run will help support efforts to feed our hungry neighbors here in Lebanon! Register online by visiting www.stjohns.com/lebanon.

Please call 417-533-6680 or 533-6031 for more information.



Registration Information (Please print clearly)

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ ZIP Code _____
 Daytime Phone _____
 E-mail Address _____
 Date of Birth _____ Age on Day of Race _____ Male Female

Age Group (circle one): 9 & under 10-13 14-17 18-21 22-29 30-39 40-49 50-59 60-69 70 & up
Event (circle one): 10K 5K 1-mile “Bunny Run”

Waiver: I understand that running a road race is potentially a hazardous activity. 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 participating in this event, including but not limited to falls, contact with other participants, the effects of weather including moisture, high heat and/or humidity, traffic and the conditions of the road, all such risks being well-known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release St. John’s Hospital-Lebanon, Ozark Mountain Ridgerunner and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation on this event. I relinquish the right of St. John’s and all of the foregoing to use any photograph, motion picture, video tape recording and any other record of this event for any legitimate or commercial purpose.

Signature _____ Date _____
 Parent or Guardian Signature (for participants under 18)

PLEASE MAKE CHECKS PAYABLE TO ST. JOHN’S HOSPITAL-LEBANON
Mail entry form & check to St. John’s Hospital, ATTN: Debbie Fields, 100 Hospital Drive, Lebanon, MO 65536