



AUSTIN EDWARDS MEMORIAL 5K

SUNDAY, OCTOBER 3RD, 8:00AM

On July 26th 2010, we lost one of the brightest stars in our community, Austin Edwards. He was loved by many family and friends and their lives are left forever changed. This 5k is to show support and to help his immediate family cope with the expenses of such a tragic and unexpected loss.
Please join us in a run or walk as we honor his memory.

The race will start at Nixa High School Stadium. 514 S. Nicholas Rd Nixa, Missouri 65714
Timing by Ozark Racing Systems

Race Director: Angie Keeter 417-350-7217 or ADKeeter@aol.com

Packet Pick up will begin morning of race at 6:45am Prizes will be awarded to the following:
Top Overall Male and Female 3 Places in the following Age Categories for Male and Female:
Age Categories: 10 and under, 11-19, 20-29, 30-39, 40-49, 50-59, 60+

REGISTRATION FORM

Each participant must complete a registration form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail _____ Phone _____

Age on race day: ___ Male ___ Female ___

Make checks payable to: Austin Edwards Memorial Fund

Preregistered \$10 _____ \$15 Day of race _____

Register at Ridge Runners or mail signed entry form and check to:

Angie Keeter- 2713 Trevor Trail, Ozark Mo 65721

For safety reasons: no headphones, skates, skateboards, bicycles or animals will be permitted.

Waiver Must Be Read and Signed Before Participating: I know that running is a potentially hazardous activity. I should not enter or run this event 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 run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Nixa Public Schools, and all sponsors, organizers, and volunteers of this event; the City of Nixa, MO; Christian County, their representatives and successors from all claims or liabilities 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. All fees are nonrefundable. I also authorize use of my picture for any publication or media use.

Print Name

Date

Signature (guardian if under 18 years of age)