

Jane A. Meyer

# Run With the Lady Bears

## 5K Run/Walk

Sunday, Oct. 17, 2010 at 7:00 a.m.

Presented by KTXR 101.3 FM



101.3 FM  
**KTXR**  
*The Gentle Giant*



**Shriners Hospitals**  
for Children™

Official Philanthropy of Shriners International



**What:** 5K run/walk benefitting the **Jane A. Meyer Carillon Fund, Shriners Hospitals for Children and Missouri State Women's Basketball**

**When:** Sunday, October 17, 2010 at 7 a.m.

**Where:** Plaster Student Union on the Missouri State campus

**Cost:** \$20 Pre-Registration (October 15 deadline)  
\$25 day of race

**Timer:** Ozark Racing Systems will serve as the official race timer, utilizing an IPICO chip timing system



**Age Groups:** Prizes will be awarded to \*overall winners and 11 different age groups, including 7 & under, 8-10, 11-14, 15-17, 18-20, 21-29, 30-39, 40-49, 50-59, 60-69 and 70 & over;

*\*Top male and female overall times will receive an iPod Shuffle*

**Registration/Pick-Up:** Race registration and packet pick-up at the MSU Women's Basketball office in Hammons Student Center, from **8:30 a.m. to 6:00 p.m. on Friday, October 15**

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& NEWMAN**

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**ST. JOHN'S**  
**SPORTS MEDICINE**

## Registration Form

*Jane A. Meyer*

# Run With the Lady Bears

## 5K Run/Walk



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**AGE GROUP:**

7 & UNDER \_\_\_\_\_ 18-20 \_\_\_\_\_ 50-59 \_\_\_\_\_

8-10 \_\_\_\_\_ 21-29 \_\_\_\_\_ 60-69 \_\_\_\_\_

11-14 \_\_\_\_\_ 30-39 \_\_\_\_\_ 70 & UP \_\_\_\_\_

15-17 \_\_\_\_\_ 40-49 \_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_

**WAIVER:** I hereby release Missouri State University, its Board members, officers, agents, and employees (collectively referred to as "the University") from all claims for injuries and damages which may result from my participation in activities conducted by or at the Missouri State University Athletic Department. I understand the possible risks associated with being able to participate in the activities and release all such claims even though the claim may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown.

I authorize and provide consent for licensed medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending physician, including diagnostic testing and examination should I become injured or sick while participating in these activities. I certify that I have no physical or mental condition that will impact my participation in these activities, or that any physical or medical condition requires special accommodations.

I understand that I must abide by all Athletic Department rules and staff directives. I understand that my failure to follow such rules and directives may result in my dismissal from the facilities.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent/Legal Guardian signature required if participant in under the age of 18)

Please make checks payable to **Missouri State University** and  
return with registration form to:

**Missouri State Women's Basketball**  
901 S. National Ave.  
Springfield, MO 65897

For more information, contact the **Lady Bear Basketball Office** at (417) 836-4136