

Official Entry Form

2010 Logan Rogersville Pumpkin Run
Benefitting the Rogersville Community Betterment Group

Sunday, October 17th, 2010 8:00 AM at the Rogersville Pharmacy

319 South Main Rogersville, Missouri

Non-Refundable Entry Fee \$15 per person \$20 per person on race day

FIRST NAME _____ LAST NAME _____

(Please Print or Type)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ GENDER _____ AGE _____

EMAIL _____ @ _____

EVENT: **5K** **10K**

Shirt Size: **S** **M** **L** **XL** **XXL**



Registration is available also on **Active.com**
Type in "Pumpkin Run"

Please mail signed form & check to:
Make Check Payable to: **Rogersville Pharmacy**
Mail to:
Rogersville Pharmacy
P.O. Box 260
Rogersville, MO 65742

WAIVER : In consideration of your accepting my entry, I, intending to be legally bound hereby, for myself, my heirs, executors, administrators, assignees or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, and any of 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 participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grant full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Applicants for minor accepted only with a parent or guardian signature.

SIGNATURE _____ DATE _____

Parent MUST sign if entrant is under 18 years of age!