



➤ **SEPTEMBER 30, 2017**

Race starts at 8 a.m.
North Jefferson City Pavilion
Visit mchcp.org for more information

PARTICIPANT REGISTRATION FORM

PARTICIPANT WAIVER & RELEASE

I understand that my participation in the 2017 State of Missouri Employee 5K Run and Walk (Event) involves risk of injury, including bodily injury, and assume the risk for same. I certify that I am physically fit and appropriately trained for the completion of this Event. I understand it is my responsibility to have my physical condition verified by my medical provider prior to participating in this Event. On my behalf and behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Missouri Consolidated Health Care Plan (MCHCP) including their employees, agents, race officials, volunteers or any sponsor or contributor to this event, and any successors (collectively known as "race organizers") of and from any and all liability for injury, death, damages and/or any other claims, demands, or losses, incurred by me in connection with any aspect of the event, even though the liability may arise out of negligence or carelessness on the part of the race organizers.

I acknowledge that the entry fee paid is non-refundable and non-transferable. I understand that the Event is a public event, open to all who want to participate. As such, I understand that race organizers may take photographs of me in connection with this Event. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by MCHCP or race organizers, with or without my name, in print or electronic form. I further authorize MCHCP the right to publish my name, age group, and finishing time, in print or electronic form upon completion of the Event.

I certify that I have read the above, and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Name (Printed) _____ Age on Date of Race _____

Signature _____ Date _____

PARENT OR GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Event, and has agreed individually and on behalf of the child or ward, to the terms of the waiver and release of liability set forth above.

Child Name (Printed) _____

Parent or Guardian Name (Printed) _____

Child's Age on Date of Race _____

Parent or Guardian Signature _____

Date _____

HOW DID YOU HEAR ABOUT THIS EVENT?

- | | |
|--|--|
| <input type="checkbox"/> Strive for Wellness® Ambassador | <input type="checkbox"/> MCHCP Facebook page |
| <input type="checkbox"/> Missouri Consolidated Health Care Plan (MCHCP) website (mchcp.org) | <input type="checkbox"/> MCHCP Twitter page |
| <input type="checkbox"/> Jefferson City Road Runners website (runjeffcity.org) | <input type="checkbox"/> Friend or coworker |
| | <input type="checkbox"/> Other _____ |



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PARTICIPANT INFORMATION

All participants, including guardians for participants younger than 18, must sign a participation agreement before the race.

First Name _____

Last Name _____

Gender M F Age Group <19 20-29 30-39 40-49 50-59 60+

Street Address _____

City _____ State _____ ZIP Code _____

Primary Phone Number _____

Email Address _____

Did you participate in the 5K last year? Yes No

If you are a state employee, which state department are you representing?

GUARDIAN INFORMATION

If participant is younger than 18, provide guardian's contact information.

Guardian Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Primary Phone Number _____

Email Address _____

EMERGENCY CONTACT INFORMATION

Same as Guardian Information

First Name _____

Last Name _____

Relationship to Participant _____

Primary Phone Number _____

Email Address _____

SHIRT INFORMATION

Register and prepay by Sept. 13, 2017, to receive a shirt.



Long-Sleeve Performance shirt.
Navy fabric printed with White, Grey, and Purple ink.

Select Shirt Size
** sizes run large

- Extra Small
- Small
- Medium
- Large
- XL
- XXL

PAYMENT & REGISTRATION \$20 ENTRY FEE

Only checks will be accepted. Make checks payable to:
**Missouri Consolidated Health Care Plan:
Wellness Program.**

Is your payment enclosed? Yes No

Please mail registration form and payment to:
**Missouri State Employee 5K
MCHCP
PO Box 104355
Jefferson City, MO 65110**

You will receive a confirmation email after we receive your registration. Please allow at least a day for registration processing. For questions, call MCHCP at 573-751-8881 or 800-701-8881, press "0" and request to speak with the Wellness Program Manager.

EARLY BIRD PICK-UP*

Early Bird Pick-Up will be available this year at two locations before the race. Will you be participating in Early Bird Pick-Up? Yes No

If yes, please select your preferred location (check only one)

Thursday, Sept. 28th
11 a.m. – 2 p.m.
Truman Building 301
W. High Street
Jefferson City, MO

Friday, Sept. 29th
3 – 5:30 p.m.
Race Site
North Jeff City Pavilion
Jefferson City, MO

*If you do not do Early Bird Pick-Up, your shirt will be available the day of the race.