



Phone: (573)-216-3838

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3rd Annual Forget-Me-Not Trot 5/10K Run or Walk

Saturday June 20, 2015

**At the Linn Creek City Park, West Valley Dr., Linn
Creek, MO**

Start Time 7:30 AM

Registration opens at 6:45 AM

\$20 pre-registration \$25 registration at the race

All Proceeds benefit the Missouri Forget-Me-Not Horse Rescue in Linn Creek.

<http://www.missouriforgetmenot.org/> or find us on Facebook.

Medals for top 3 in each category. Pre-register to guarantee t-shirt availability.

Registration Form

To register by mail, return registration form (one for each participant) and entry fee before **June 17th** to:

Missouri Forget-Me-Not Horse Rescue & Sanctuary, Attn: Cheryl McGuire,
1025 Heritage Rd., Linn Creek, MO 65052. (573) 216-3838

Name: _____ Gender (M/F)

Age on race day: _____ Shirt Size: YL S M L XL No shirt

Choose: 5K Run, 10K Run or 5K Walk

Street Address: _____

City, State, Zip: _____

Phone: _____

Entry fee: \$20 before June 17th, \$25 day of race

E-mail: _____

WAIVER AND RELEASE

In consideration of my participation in the Forget-Me-Not Trot 5K, I do hereby agree to hold free from any and all liability the Missouri Forget-Me-Not Horse Rescue & Sanctuary and its respective officers, employees, volunteers and members; the City of Linn Creek and its employees; event volunteers, sponsors and anyone acting for or on their behalf; and I do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in the Forget-Me-Not Trot 5K.

I do further declare myself to be physically sound and suffering from no condition or illness that would prevent my participation in the Forget-Me-Not Trot 5K. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in this event without the approval of my physician.

Signature of participant (or parent/guardian if participant is under 18)

_____ Date:_____