



Run With the Horses

1. Hidden Hills Challenge

Demanding 10K up and down mountain road

2. 5/10K Run or Walk

3. 1K Run or Walk for Kids age 7 to 12



Phone: (573)-216-3838

E-mail: Connie@MissouriForgetMeNot.com

Saturday, April 30, 2016

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

Start Time 8:00 AM

Registration opens at 7:15 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. Ice Cream vouchers for 1K participants.

Pre-register to guarantee t-shirt availability. T-shirts not available for 1K participants.

Online Registration with Paypal available under "Events and Fund Raisers" on Web Page or

Registration Form

To register by mail, return registration form (one for each participant) and entry fee before **April 15th** to:

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

Name: _____ Gender (M/F)

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

Choose: Hidden Hills Challenge, 5K Run, 10K Run or 5K Walk, 1K for Children

Street Address: _____

City, State, Zip: _____

Phone: _____

Entry fee: \$20 before April 15th, \$25 day of race; 1K - \$10

E-mail: _____

WAIVER AND RELEASE

In consideration of my participation in the "Run With the Horses", 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 "Run With the Horses".

I do further declare myself to be physically sound and suffering from no condition or illness that would prevent my participation in the "Run With the Horses". 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: _____