



# Run With the Horses

1. 5K/10K Run or Walk
2. 1 Mile Run or Walk for Kids age 7 to 12



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**Saturday, June 16, 2018**

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

Start Time 7:30 AM

Registration opens at 6:30 AM

\$20 pre-registration, \$25 registration day of race, 1 Mile is \$10

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. Prizes for 1 Mile participants.

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

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

## Registration Form

To register by mail, return registration form (one for each participant) and entry fee before **June 9th** to: Cheryll McGuire, 1109 Maritime Lane, Roach, MO 65787.

Name: \_\_\_\_\_ Gender (M/F)

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

**Choose:** 5K Run, 10K Run or 5K Walk, 10K Walk, 1 Mile for Children

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Entry fee: \$20 before June 9th, \$25 day of race; 1 Mile - \$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: \_\_\_\_\_