



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL SHAMROCK SHUFFLE 5K RUN / WALK

MARCH 17th 2018

Warm Ups: 7:30am ○ Race Starts at 8:00am

Location: TBA

First _____ Last _____

Home address _____

City _____ State _____ Zip Code _____

Birthday _____ Age _____ Phone _____

Gender F or M _____ YMCA member Yes _____ No _____

Emergency Contact _____

Phone Number _____

E-Mail _____

(Race information will be emailed to you once your registered)

I Plan to: mark one please Run _____ Walk _____ Stroller _____

T-Shirts will be provided to all pre- registered by March 3rd and paid runners. Those registering on race day will receive shirts on first come first served basis.

Available sizes are: Circle one please

Youth S M L Adult S M L XL XXL

Payment (No Refunds available)

_____ Single Participate	
Early Bird: January 15 th -March 3rd	\$ 25.00
(Guaranteed a shirt)	
Normal: March 4 th -March 16 th	\$ 35.00
Race Day	\$ 40.00
_____ Family Rate (Limit 4...list members below)	\$ 55.00

_____	T-shirt Size _____
_____	T-shirt Size _____
_____	T-shirt Size _____

Waiver: I hereby declare, assert and affirm that participation in shamrock shuffle 5k Run/ Walk is done having voluntarily and knowing assumed all risks involved in this special event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special event and intending to be legally bound thereby, I hereby for myself, my heirs and executors, administrator and assigns, Waive and Release any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated special event. Specially Hannibal YMCA and Hannibal Park and Recreation. I understand that I do hereby waive any and all rights or benefits under the state of Missouri Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregards of the posted route.

Print Name _____ Date _____

Signature _____

Parent/ legal Guardian must sign if participate is under the age of 18.

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check# _____ Cash _____ Staff _____