

GLOW

5K Run/Walk & Kids Fun Run

Saturday, October 28th, 2017
Registration at 6 PM



Pike County Health Department
Home Health & Hospice

6:30 PM
KIDS FUN RUN
\$10 per child
(ages 10 & under)

**Pike County
Fairgrounds**

Packet Pick-Up
at Pike County Health Dept.
October 23rd-27th
8 AM - 4:30 PM

7:00 PM
5K Run/Walk
\$25 per person
\$35 per person after Oct.2

FREE SHIRT
Guaranteed for those
who register before
Oct. 2nd

More Info
www.pikecountyhealth.org
[facebook@bgpchd/events](https://www.facebook.com/bgpchd/events)
jschumacher@pikecountyhealth.org
573-324-2111

*Trophy awarded to fastest male, fastest female, and best GLOW.
Proceeds go to benefit PCHD's Public Health Initiatives.*

REGISTER ONLINE at GetMeRegistered.com or fill out the form below and send to 1 Healthcare Pl. Bowling Green, MO 63334

Name: _____ M/F: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
DOB: _____

(circle one) **5K Run** / **5K Walk** / **Kids Fun Run**

Adult T-Shirt Size (circle one): **S M L XL 2XL**

Total amount for entry: \$ _____

Additional donation: \$ _____

Total amount enclosed: \$ _____

**Checks payable to PCHD*

I know that running/walking a race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in the Glow Run/Walk race including, but not limited to: falls, contact with other participants, the effects of weather, including low temperatures, high heat and/or humidity, and conditions of the trail and all other such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Pike County Health Department, Home Health & Hospice, the Pike County Fairgrounds, all event sponsors, and their agents, all event volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons names in this waiver. I grant permission to all the forgoing to use any photographs, motion pictures, video tape recordings or any record of this event for legitimate purposes. If I am under the age of 16, I am provided with adult supervision.

Signature: _____ Date: _____
(Parent or Guardian sign if under 16 years old.)

2017 Glow 5K Run/Walk