



# Mother's Day 5K

Walk/Run Registration



**Start/finish at North Jefferson City Pavilion**

927 Fourth St, Jefferson City (Cedar City Pavilion)

May 7th, 2022

**8 am Registration--9 am Race start**

Mail checks to CPCP, 5718 Wardsville Rd, JC, MO 65101

To register online

<https://www.eventbrite.com/e/mothers-day-5k-walkrun-tickets-294742441577>

Awards will be given to the top overall walker/runner finishers as well as other top finishers

**Credit/Debit: Card #** \_\_\_\_\_ **Amount** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_ **CVV** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Signature** \_\_\_\_\_

**Registration Required** Circle **W** or **R** (walker or runner)

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **W R sz XS S M L XL 2XL 3xl**  
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**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **W R sz XS S M L XL 2XL 3xl**

Walk/run waiver and Release: I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this , and in good physical condition. I know that this even is a potentially hazardous activity and I hereby assume full and compete responsibility for any injury or accident that may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not the file suit against The Community Breast Care Project, the Jefferson City Roadrunners, and any affiliated individuals, and race sponsor and their agents and employees, and all other persons or entities associated with this event form any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contacts with participants, conditions of the course, negligence of the sponsors or otherwise, If I do not follow the rules of the event, I understand that I may be removed from participation

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I love this organization and want to be a part of it.**

**My name is** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Email** \_\_\_\_\_

