



Kids 10 & under run free with P&G Kids on the Run!

Thursday, Nov 23; 8 am Osage Centre

\*Finisher medals for all

runners and walkers.

Celebrate the Thanksgiving holiday with family and friends! Choose between the 5K and 1-mile Gobble Mini-Trot.

Name			*Timed, certified course, flat and fast	
City:Phone:		State Zip	*Overall male and	
Circle one: Male Femal	female winners			
Are you a current member (\$3 discount on registrate)	*Register online at www.raceentry.com			
Choose one: OGobbl	\$25 registration fee \$30 race day. Kids 10 and under ru	n		
Choose one:	☐ Adult XS		free!	
<ul><li>Youth Small</li><li>Youth Medium</li><li>Youth Large</li></ul>	<ul><li>Small</li><li>Medium</li><li>Large</li></ul>	<ul><li>□ X-Large</li><li>□ XX-Large</li><li>□ XXX-Large</li></ul>	*T- shirt for all participants registered by November 10.	d

I know that participating in the 5K or 1 mile is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, falls, contact with other participants, and the condition of the course, including, but not limited to objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge myTEAM Triumph and the City of Cape Girardeau, its volunteers, and sponsors, and anyone else acting for or on behalf the Gobble Wobble 5K or 1-mile from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to mTT and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for mTT to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Name (parent or guardiar	n if under 18)	Date	

Drop form off at Missouri Running Company in Cape or HealthPoint Fitness in Jackson, or mail to PO Box 121, Jackson MO 63755. Make checks payable to mTT. mTT angels use code mttangel.