Show your support for SoutheastHEALTH Children's Health & Wellness programs in the 2013

Independence Day 5K

Thursday, July 4, 2013

7:04 a.m. start

Race will begin and end at Southeast HealthPoint Fitness in Jackson

EVENTS:

5K Walk – Walkers must walk the entire course.
5K Run – Runners may walk or run throughout the course.

Chip timing will be used to record times.

Child care will be available during the event – please indicate on your registration form.

AWARDS:

Medals for 1st – 3rd place in each age group.
Age Divisions: Under 14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60+

All proceeds directly benefit Children's Health & Wellness

Southeast HealthPoint Fitness

For more information, please call HealthPoint Fitness in Jackson
(573) 755-2301
or visit SEhealth.org

REGISTRATION:

Register online! Register for the Independence Day 5K at **www.active.com**, or mail your registration to

Southeast HealthPoint Fitness,
Attn: Independence Day 5K,
410 W Main, Jackson, MO 63755.

Registrations may also be dropped off at either HealthPoint location during regular business hours (until 10 p.m. on Wednesday, July 3).

Registration includes a T-shirt and give-away bag. Pre-registration packets can be picked up on Tuesday, July 2, and Wednesday, July 3, between 8 a.m. and 5 p.m. at HealthPoint Fitness in Jackson, or from 6–6:45 a.m. on race day.

(Due to the volume of registrations, we recommend that you pick up your bag before race day.)

Dri-Fit T-shirts to all participants who register by Friday, June 14, 2013 (limited sizes available)

2013 INDEPENDENCE DAY 5K REGISTRATION FORM

Name: _____ Daytime Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Entry Fee: **$25 before race day and $30 on race day** (Payment due at time of registration)
Make checks payable to Southeast HealthPoint Fitness

Event: (Circle One) 5K Run 5K Walk **Child care Needed?** (Circle One) Yes No

Age: _____ years on race day Date of Birth _____ **Gender**: (Circle One) Male Female

If 13 or under and participating in the 5K, an additional waiver must be signed by parent/guardian prior to the start of the race.

T-shirt: (circle size) **Adult**: (men and women dri-fit sizes) S M L XL XXL **Youth**: 10-12 14-16

Waiver: I am aware that the event in which I am competing is a severe test for even the best-conditioned athlete. I am physically and mentally prepared for this event. I hereby absolve the sponsors and organizers of the race of responsibility for any injury that I may suffer because of my participation. I authorize SoutheastHEALTH to use photographs for publicity.

Participant Signature _____ Date _____
(Parent/Guardian sign for participants under age 18)