Show your support for SoutheastHEALTH Children's Health & Wellness programs in the 2014

Independence Day 5K

Friday, July 4, 2014

7:04 a.m. start

Race will begin and end at Southeast HealthPoint Fitness in Jackson

See the course map at USATF.org

EVENTS:

Firecracker 1 Mile – Walk or run just for fun! **(7:15 start time)**
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+

NEW THIS YEAR!

Super Nova Triumph Team for children and adults with special needs. To participate, call HealthPoint–Jackson for more information.

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 5 p.m. on Thursday, July 3).

Registration includes a T-shirt and give-away bag. Pre-registration packets can be picked up on Thursday, July 3, between 8 a.m. and 9 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 13, 2014 (limited sizes available)

All proceeds directly benefit Children's Health & Wellness

2014 INDEPENDENCE DAY 5K REGISTRATION FORM

Name: _____ Daytime Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Entry Fee: **$25 before race day and $30 on race day [no shirt: $15]** (Payment due at time of registration)
Make checks payable to Southeast HealthPoint Fitness

Event: (Circle One) Firecracker 1 mile 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 (add $3) **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)