



The Community Breast Care Project

Start/Finish at
 North Jefferson City Pavilion
 927 Fourth St, Jeff City, MO (Cedar City Pavilion)

8:00 a.m. Registration
 9:00 a.m. Start

May 13, 2017

Register online at
communitybreastcareproject.org or
 Mail with check to: CBCP, 2854 S. Ten Mile Drive
 Jefferson City, MO 65109
 Fax form to 888-634-5202



Awards: Awards will be given to the overall walker/runner as well as other top finishers.
Age Categories: 14 and Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over
Refreshments: Will be provided during the race. Refreshments and fruit will be available after the race.

Pay by Credit/Debit Card: Card # _____ Amount: \$ _____

Expiration Date: _____ CVV: _____ Zip Code of Bill: _____

Signature: _____

REGISTRATION REQUIRED - age 5-14 - \$20.00 15+ - \$25.00

Name: _____ Age _____ W R Shirt Size XS S M L XL 2X 3X

Name: _____ Age _____ W R Shirt Size XS S M L XL 2X 3X

Name: _____ Age _____ W R Shirt Size XS S M L XL 2X 3X

Name: _____ Age _____ W R Shirt Size XS S M L XL 2X 3X

Email: _____

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 event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which 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 to file suit against The Community Breast Care Project, The Jefferson City Roadrunners, and any affiliated individuals, any race sponsor and their agents and employees, and all other persons or entities associated with this event from 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: _____