



Onsite/Paper Registration

Please Print.

First Name _____ Last Name _____

Age _____ Gender (Circle) Male Female

Address _____
Street or PO Box City State Zip Code

Phone/Cell No. _____ Email: _____

There are a limited number of t-shirt for sale for \$10 each.

Registration Fee \$30 before April 25 _____ Family Discount \$70 _____
\$35 after April 25 _____ (Two adults and all children in the family)

Paid \$ _____ Date Paid _____

I understand that I need to be physically able to participate in part or all of the 5K Walk/Run. I should not enter and walk/run, unless I am medically able and properly trained to complete the event. I assume all risks associated with walking and running in this event including but not limited to: falls, contact with other walkers/runner, the effects of weather including snow and/or ice, traffic and road conditions, all such risks being known and appreciated by me. Having read this waiver, knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone acting on my behalf, waive and release Pregnancy Help Center, the City of Jefferson, all volunteers and sponsors, and successors from all claims and liabilities of any kind in connection with my participation in this event before, during, or after. I will abide by pedestrian rules.

Signature _____
(Under 18, Parent/Legal Guardian Signature Required)

If registering on paper before the event, please send or bring this form to:
Pregnancy Help Center
1760 Southridge Dr. Ste. A
Jefferson City, MO 65109