



STOP Diabetes 5K Run/Walk

November 5, 2011

Start/Finish: MSSU Leggett & Platt

**Registration Time: 8:00 am
Start Time: 9:00 am**

Entry fees: Pre-Register \$15
Race Day \$20

T-shirt included to all who pre-register
(and as supplies last for all others)

For questions:

Rachel Drake
417-890-8400 x 6856 or
rdrake@diabetes.org

Over 80,000 of our friends, family, neighbors and co-workers are affected by type 1 and type 2 diabetes in Mid- Missouri. Help us **STOP** diabetes!

5K Awards:

Top Male and Female Runners:
14-19, 20-29, 30-39, 40-49,
50-59, 60 +
Awards given out at 10am

St. John's

Joplin, Missouri



Full Name: _____

Male _____ Female _____ Age on race day: _____

Address: _____

Shirt size (circle): Adult: S M L XL XXL

Youth: S M

City: _____ State: _____ Zip: _____

Phone: _____

Send registration and check/cash to:

American Diabetes Association-
2833-B E. Battlefield Suite 100
Springfield, MO 65804

Email: _____

Waiver Must Be Read and Signed Before Participating: I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the STOP Diabetes 5K Run, and all sponsors, organizers, and volunteers of this event; the City of Joplin, MO; The American Diabetes Association, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable. I also authorize use of my picture for any publication or media use.

Signature: _____ Date: _____