



# FLATS Uncle Sam 5K Run & 1.2 Mile Walk

Tuesday, July 4, 2017 | 9:00 a.m.

Dukum Inn, 111 S. Elson, Kirksville, MO (Start/Finish)

**Distance** 5K race and 1.2 mile walk on Kirksville streets

- Information**
- Register at **Active.com** or by mailing in this form
  - All proceeds to benefit the Forest Lake Area Trail System (FLATS)
  - All race finishers receive a t-shirt; Top 5K male & female receive a trophy
  - Top three female and male finishers in each group will receive medals
  - 5K only age groups: 18 & under; 19-29; 30-39; 40-49; 50-59; 60+
  - Post-race complimentary beverages courtesy of Golden Eagle at Dukum Inn
  - View race map on Forest Lake Area Trail System Facebook page

**Entry fee** \$15 until July 1, 2017; \$20 up to race time

**Make checks payable to** FLATS (Forest Lake Area Trail System)

**Mail to** Thompson Campus Center - FLATS  
210 S. Osteopathy, Kirksville, MO 63501



**Brought to you by:**



VisitKirksville.com



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**FLATS Uncle Sam Run/Walk • Tuesday, July 4, 2017 • Registration Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Shirt size  S  M  L  XL  5K  1.2 walk

Gender  M  F Age \_\_\_\_\_ Additional tax-deductible donation to FLATS (optional): \$ \_\_\_\_\_

**DON'T FORGET TO READ AND SIGN THE BACK OF THIS FORM!**

Office use only: Date received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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& 1.2 Mile Walk**  
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**Dukum Inn, 111 S. Elson, Kirksville, MO**  
*(Start/Finish)*



857  
 atsu.edu  
 Kirksville, MO 63501  
 800 W. Jefferson St.

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**Other Details:**

**Packet pickup** will be held July 3, at ATSU Thompson Campus Center (TCC), and race day starting at 7:30 a.m. at Dukum Inn.

**We run, rain or shine!** In case of inclement weather, management reserves the right to delay the start or cancel/alter/modify the race/course for the safety of runners/volunteers. This is a fundraiser, there can be no refunds if the event is modified or canceled, whether to protect runners/volunteers or due to forces beyond the control of the race directors.

**Thompson Campus Center:**

210 S. Osteopathy  
 Kirksville, MO 63501  
 Phone: 660.626.2213

**Race Director contact info:**

Dan Martin, Royce Kallerud, and Lynda Furney  
 flatskv@gmail.com



PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

By signing below, I acknowledge all of the following:

I acknowledge that trail running is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS RUNNING EVENT. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation in this event by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by the race director(s) in consideration for allowing me to participate in this event.

I absolve, on behalf of myself and my heirs or assigns, ALL EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL CITIES, COUNTIES, STATES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH THE EVENT OR SEGMENTS OF THE EVENT ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE (including, but not limited to: City of Kirksville, Missouri; Kirksville Chamber of Commerce; Visit Kirksville; FLATS; A. T. Still University of Health Sciences) from any liability for any injury, illness, or damages suffered by me in connection with this event, either during the event or as a result of having participated in this event. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in this event including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, rain, and/or humidity, defective equipment, the condition of the roads, trails, water hazards, contact with obstacles on the course, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above or of other persons or entities.

If I should suffer any injury or illness, I authorize race officials to use their discretion to have me transported to a medical facility, and I assume full responsibility for this action, completely absolving the aforementioned officials and sponsors of any responsibility thereof. I hereby grant full permission to any of the foregoing to use my likeness or any other record of the event for legitimate purpose.

Signature

(Parent's signature required if under 18)

Date