

# COLOR Run 2016



**Glitter** 

Color

# MAY 21, 2016 in Gallatin, MO

### **Course Description**

The 5-kilometer (3.1 mile) loop course starts and finishes on the south side of the intersection of Market & Grand Streets in Gallatin.

### **Entry Fee**

\$25 registration fee for all ages. Registration fee includes t-shirt, drawstring bag, and color. T-shirts and bags are provided to participants registered by May 6, 2016. Entry fee is non refundable. Proceeds benefit Access II Independent Living Center Inc. In the event of inclement weather the 5K will be rescheduled for June 4, 2016. Please view the Access II Facebook page in this event. YOU MAY ALSO REGISTER ONLINE AT

WWW.EVENTBRITE.COM (search for "Access II ILC 5K Color Run" or go to www.accessii.org to find the direct link.

### Registration and Goodie Bag Pick Up

SW Corner of Market and Grand Streets on race day from 8:30 – 9:00 a.m.

### OFFICAL RACE ENTRY FORM

Enter all information below, including shirt size, and sign waiver, which is required to participate.

Name	Age	Male [ ] Female [ ]
Address	City/State/ZIP	
Date Phone Number:	Email address:	
Shirt Size: (circle one)  XS S M L XL 2XL  Registration must be received by noon May 6, 2016 to receive a t-shirt and bag		
I would like to make an additional tax-deductib	ole donation to Access II in	the amount of \$
Mail Entry To: Access II ILC, 101 Industrial Parkway Gallatin, MO 64640  Make checks payable to: Access II ILC 5k Color Run  E-mail for more information: bgannan@accessii.org or call 660-663-2423 ext: 233		
**Participants registered by May 6, 2016 will registration. Waivers on Reverse		-

## RACE WAIVER - PLEASE READ AND SIGN TO PARTICIPATE

I know that running a road race is a potentially hazardous activity. I should not participate 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 event. I assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and conditions of the road, all such risks being known and understood by me, having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Access II Independent Living Center, or the town of Gallatin, County of Daviess, sponsors and agencies and municipalities, their representatives, and successors for all claims or liability 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. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

participation in this event, even though that lia	tives, and successors for all claims or liability of any kind arising out of my ibility may arise out of negligence or carelessness on the part of the persons of the foregoing to use any photographs, motion pictures, recordings or any irpose.
Signature of participant	Signature of parent/guardian of participant under 18
Waiver of Emergency	y Medical Treatment 6 (inclement weather date of June 4, 2016)
I,	, the undersigned participant in the above event, ry or illness during said event and have been offered medical facility for said injury. However, I have declined such medical and have willingly elected to continue in the above event with full ease my risk of serious injury or death, including other unknown me, and that I willingly agree to assume all risk and accept dany damages as a result of such injury, including permanent se, discharge and covenant to indemnify and not to sue the rganizations and sponsors, employees and associated personnel, owners and lessors of premises used to conduct the event, and I indemnify each and all parties herein referred to above from all atsoever as a result of my actions referenced herein.
Participant Print Name:	Date:
Participant's Signature:	Race Number:
Witness Print Name:	Date:
Witness's Signature:	