



Jackson R-2 School District
BFF 5K & 1 milk Run/Walk
Saturday, April 29th, 2017

Jackson Middle School

(1651 West Independence, Jackson, MO 63755)

Race Time: 8:00 a.m. Registration: 7:00 – 7:30 a.m.

All proceeds benefit the Jackson R-2 Backpack for Friday Program, which provides weekend meals to students in need.

Participant Registration Form

Name: _____ DOB: _____

Age on Race Day: _____ Sex (circle one): **M** **F**

Race Entered (circle one): **5K** **1 Mile Fun Run/ Walk**

Address: _____ City/State/ZIP: _____

Phone: _____ Email: _____

Cost: Adults (Over 18) \$30.00
 Children (18 and under) \$10.00

Add \$5 if register on race day.
 T-shirt will not be available.



Sizes: Adult: S M L XL* XXL* (*Add \$5.00) *T-shirt Gildan 50/50 blend. Unisex. Navy Blue
 Child: S (6-8) M (10-12) L (14-16)

Race Packet Delivery Method (Choose One):

Home with student Pick up at Board Office Jackson R-2 Employee Online Registration-Board Office pick up
 Student Name _____ (614 East Adams, Jackson, MO 63755) Building _____ <https://localraces.com/events/jackson-mo/milk-mustache-dash-5k-and-1-mile-run-walk>
 Student building _____

***T-SHIRT IS NOT GUARANTEED FOR ENTRIES RECEIVED AFTER APRIL 5th.**

**Each participant must complete a separate registration form. Staple form together for same building delivery

*** Medals given to top 3 male and female 5K runners in each age group. (<6, 6-7,8-9,10-12,13-18,19-29,30-39, 40-49, 50-59, and >60.)

Total Enclosed: \$ _____

Registration Form and Money Deadline: Wednesday, April 5, 2017

Race Packet Delivery/Pickup: April 26-28 (7:30-5pm)

Registration Turn in/Package Pick up:

Jackson R-2 Administration Office
 614 East Adams., Jackson, MO. 63755 (243-9501)
Make Checks Payable: Jackson R-2 School District.

Memo line: BFF 5K

Please read carefully and sign the

Participation Waiver below:

| April 2017 | | | | | | |
|------------|-----|-----|-----------------------------|-----|-----|--------------|
| SUN | MON | TUE | WED | THU | FRI | SAT |
| | | | Registration due! | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 Race Day! |
| 30 | | | Race Packet Pickup/Delivery | | | |



I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with this event, including, but not limited to falls, contact with other participants, the effects of weather, traffic and road conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing the facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Jackson R-2 School District and City of Jackson, their representatives and successors from all claims or liabilities of any kind arising from participation in this race.

Signature (parent or guardian required if under 18) _____ Date _____