



3rd Annual Hollister Project Graduation Diploma Dash 5K Run/Walk



Date: Saturday, April 10, 2010
 Time: Registration 7:00-7:30 am
 Race begins at 8:00 am
 Location: Table Rock State Park
 State Highway 165
 Branson, Missouri

Prizes:
 Overall Male and Female
 1st and 2nd Place
 Age Divisions:
 13 – 18 Years
 19 – 39 Years
 40 – 59 Years
 60 + Years

All registered children up to age 12 will receive a Participation Medal

Pre-Registration: \$20.00 (Deadline: Postmark by 4-3-10)

Race Day Registration: \$25.00 *All proceeds benefit Hollister Project Graduation.

Registration forms are available at:

- ✓ Hollister High School
1798 State Highway BB
Hollister, MO 65672
- ✓ Hollister High School Website
www.hollister.k12.mo.us

Send completed forms to:

Melissa Bratten – Hollister Elementary
 1794 State Hwy. BB
 Hollister, MO 65672

For more information contact: mbratten@hollister.k12.mo.us

Entry Form

Name: _____ M / F (Circle One)
 Address: _____ Age Division (Circle One)
 City: _____ State: _____ Zip: _____ 0-12 13-18 19-39 40-59 60+
 Phone: _____ Age: _____ Run Walk (Check One)
 Date of Birth: _____ Email: _____

The first 50 registered participants will receive a free t-shirt!

T-shirt size, adult size only (check one): Small Medium Large X-Large
INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED.

I hereby express and affirmatively state that I, or my child named herein, wish to participate in the above stated activity. I realize that participation in this activity involves risks of injury, including but not limited to, loss of future earning capacity, loss or damage to personal property, various degrees and severity of injury, all other possible risks of injury, and even death, which occur by reason of my or my child's participation, and do release Hollister Project Graduation, its sponsors, its agents, and its employees there from. I intend to be legally bound, and do hereby, for myself, my heirs, and executors, waive and release any and all rights and claims for damages which I may have or which may hereinafter accrue to me. If I, or the participant I represent, should suffer injury or illness, I authorize officials of the race to use their discretion to have me/my child transported to a medical facility and I take full responsibility for this action. I voluntarily choose to participate, or allow my child to participate, assuming all risks. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any record for this event for any purpose.

PARENT MUST SIGN WAIVER IF CHILD IS UNDER 18 YEARS OF AGE.

PARTICIPANT/PARENT/GUARDIAN: _____ **DATE:** _____