



May 1, 2021  
Philips Lake Park, 5050 Bristol Lake Parkway,  
Columbia, MO 65201

Open to Boone County students grades K-5.  
Parents, siblings, and teachers are encouraged to participate!

**HELP WIN \$500 FOR YOUR SCHOOL!**

The 3 schools with the highest percentage of student participation will win \$500 for their P.E. department!

Sponsored By: Health Care

**PARTICIPANT INFORMATION**

Desired Race Time:  8am  9am  10am  11am

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Shirt Size:  Youth Small  Youth Medium  Youth Large  Small  Medium  Large  Extra Large

**WAIVER**

**WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT**

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

**CONSENT FOR MEDICAL TREATMENT**

I, the undersigned, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

\_\_\_\_\_  
Parent's or Guardian's Signature

**EMERGENCY CONTACT PERSON**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone/Cell Phone

\_\_\_\_\_  
Work Phone

**HOW TO REGISTER**

Pre-registered entries must be postmarked or submitted online by April 19.  
*\*Mail-in registrations might not get their desired time slot if received after desired slots are filled.*

**MAIL REGISTRATION FORM WITH FEE TO:**  
1400 Rock Quarry Rd, Columbia, MO 65201.

**DROP OFF REGISTRATION FORM & FEE TO:**  
1400 Rock Quarry Rd, Columbia, MO 65201 or  
any school within the Boone County District.

**OR REGISTER ONLINE AT:**  
[www.smsg.org](http://www.smsg.org)

**\$10 ENTRY FEE FOR STUDENTS**

Entry fee includes t-shirt and registration packet.  
Parents and teachers run free! (does not include t-shirt)

**SCHOLARSHIPS AVAILABLE**

Contact 573-882-2101 to inquire about scholarships; all scholarships must be submitted by the registration deadline.



**Children's  
Hospital**

*University of Missouri Health*

## WAIVER ONLY : WALK ALONG

Mom, Dad, siblings and teachers are encouraged to walk along, the Pumpkin Fun Run is a great opportunity to get the whole family involved in health, fitness and fun!! There is no cost to participate (unless you want a t-shirt), however, all participants MUST fill out a waiver if they plan to walk along. Save time and fill one out before the event.

### PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

### WAIVER

#### WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

#### CONSENT FOR MEDICAL TREATMENT

I, the undersigned, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

\_\_\_\_\_  
Parent's or Guardian's Signature or Participant Signature if 18 or Older

\_\_\_\_\_  
Date

#### EMERGENCY CONTACT PERSON

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone/Cell Phone

\_\_\_\_\_  
Work Phone