

Show-Me State Games Pumpkin Fun Run Walk along Form Sunday, October 5, 2025

Help win \$500 for your school's PE Department! Open to all Boone County schools K-5.

Participant Information

This is an event for the entire family to enjoy an activity of health, fitness, family, and fun. Teachers and families are invited to join in on the fun for FREE and walk along with your student(s) to support their school! Everyone walking along will need to fill out a waiver. There is no cost to participate unless you would like to purchase a t-shirt. Please indicate you would like a t-shirt by selecting a size below.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Desired Race Time: ☐ 1:00pm ☐ 2:15pm Email Address _____

Fill out this section if you would like to purchase a t-shirt.

T-Shirt Size

- ☐ Youth X-Small
- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL
- ☐ Adult 2XL
- ☐ Adult 3XL



Presented By:



Health Care

Pay Online or by Mail

Pay for your t-shirt online by clicking this link smsg.org or scanning the QR code.



- ☐ \$15 per runner until September 15th
- ☐ \$20 per runner until October 5th *t-shirts may not be guaranteed day of as supplies are limited.

OR complete this form and mail to the address below with payment enclosed.

Show-Me State Games Office

1400 South Rock Quarry Rd, Entrance 5
Columbia, MO 65211

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.

Participant Signature (if 18 and older) _____

Parent/Guardian Signature (if participant is under 18 years of age) _____

Emergency Contact _____ Phone Number _____