

Show-Me State Games Pumpkin Fun Run Entry Form

Saturday, September 26, 2026

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

Participant Information

Desired Race Time: ☐ 9:30am ☐ 10:30am

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

DOB _____ Age _____ Grade _____ Gender _____

School _____ PE Teacher _____

T-Shirt Order Information

- ☐ 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

Scholarships

Thanks to our sponsors at MU Health Care scholarships are available to families. Please contact the Show-Me State Games office at 573-882-2101 for more information.

Register Online or by Mail

Register online by clicking this link smg.org

- ☐ \$20 per runner until September 14th
- ☐ \$25 per runner until September 26th
*Registration will be available day of,
but not guaranteed a shirt 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

Entry fee includes swag bag with goodies, t-shirt, and registration packet.

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/Guardian Name _____

Parent/Guardian Signature _____

Email Address _____ Phone Number _____