



## Fun Run Walk 1M / Run 5K

**Saturday, July 5, 2025 – 8:00am start**  
**Race Begins and Ends at:**  
**Jr. High Cafeteria (FEMA Bldg.) – 715 BlueJay Drive Marshfield MO 65706**

**(Portion of Proceeds to Benefit the Bill Walker Memorial Track & Field Scholarship)**

### Official Entry Form

Return to: MPSF, P.O. Box 289, Marshfield MO 65706  
Or, Complete On-Line at: <https://www.marshfieldpsf.org/fun-run>

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

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Age on 7/05/2025: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Fees (no refunds): 1 Mile (\$25) : \_\_\_\_\_ 5 K (\$35) : \_\_\_\_\_ (On-Site Registration - Check or Cash Only)

**Any registration received after June 15<sup>th</sup> is not guaranteed a t-shirt**

SHIRT SIZE (UniSex): S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

No rain date is scheduled for this event. There are no refunds in the case of cancellation due to inclement weather.

**Waiver:** I know that running a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless medically able. By my signature, I certify that I am medically able to perform this event. I agree to assume all risks associated with participating in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential contraction of a communicable disease from contact with the same. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain. I assume all such risks are known, appreciated, and accepted by me. I understand that bicycles, skateboards, roller skates or inline skates are not allowed in the race, and I will abide by all race rules.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Marshfield Public Schools Foundation, Marshfield R-1 School District, City of Marshfield, and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event – even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent MUST sign if entrant is under 18 years of age)