



# Race to Your Health!



**Partner of GO! St. Louis GO! For a Cause**

5K Run/Walk

Come run with the Living Well Village and race to your health!

**Presented by the Living Well Foundation**

**Sponsored by Camp Jump Start**

**When:** Saturday, October 6th, 2012 (Run begins at 9:00 a.m., Walk at 9:05 a.m.)

**Where:** TBA

**Why:** To benefit the Living Well Foundation, a non-profit organization dedicated to promoting healthy living and wellness taught through camps and programs which encourage proper nutrition and fitness.

**Shirts:** Shirts will be provided to all participants registered within two weeks of the event.

**Awards:** Awards will be provided to the top male and female finishers overall, top male and female under 20, and to the top male and female in 10 year age group categories!

**Registration:** \$20 if postmarked by September 20th, \$25 if postmarked later or on race day (no guarantee for shirts.)

**Packet Pick-up:** 8:00-8:45 a.m. on race day

**For information: Contact Amber Simmons at [Amber@LivingWellVillage.org](mailto:Amber@LivingWellVillage.org) or call (636) 674-5014.**

## Race to Your Health! 5K

Send cash or make checks payable to: The Living Well Foundation. Mail with this form to:  
3602 Lions Den Rd, Imperial, MO 63052 NO REFUNDS WILL BE GIVEN

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_ Circle Gender: Male Female

Circle Age Group: Under 20 20-29 30-39 40-49 50-59 60-69 70+

Circle Shirt Size: Adult-S Adult-M Adult-L Adult-XL Adult-XXL Adult-3XL

Circle Event: 5K competitive run 5K walk

Please enter amount enclosed \$ \_\_\_\_\_

**Waiver of liability:** In consideration of this entry, I the undersigned, intending to be legally bound hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims or damages I may have against the Living Well Village or the Living Well Foundation and their representatives, successors and assigns for any and all injuries suffered by me in said event. Registration forms must be signed by a parent or guardian if participant is under the age of 18. I grant full permission for Living Well Foundation to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

**SIGNATURE of Parent/Guardian if applicable:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_