

Show your support of Southeast Missouri Hospital's programs for Cancer and Children's Health and Wellness
by participating in the 2009 Jackson



Independence Day 5K

(all proceeds from this event will go directly to these programs)

Saturday, July 4, 2009
7:30 am start

Race will begin and end at Healthpoint Fitness in Jackson



Events:

- 5K Walk**—Walkers must walk the entire course.
- 5K Run**—Runners may walk or run throughout the course.

Childcare will be available during the event—please indicate on your registration form.

Register online! Register for the Independence Day 5K at www.active.com, or mail your registration to Southeast Missouri Hospital's HealthPoint Fitness Jackson, Attn: Independence Day 5K, 410 West Main Street., Jackson, MO 63755.

Registrations may also be dropped off at either HealthPoint location during regular business hours (until 5pm July 3rd).

Registration includes a t-shirt and give-away bag. Pre-registration packets can be picked up on Friday, July 3rd, between 8am and 10pm at HealthPoint Fitness in Jackson, or from 6:30-7:15 am on race day. (Due to the volume of registrations, we recommend that you pick up your bag before race day.)

Dri-Fit T-shirts to all participants who register by Friday, June 19, 2009

Awards:

Medals for 1st—3rd place in each age group.

For more information, please call HealthPoint Fitness, Jackson at 573-243-2211, or visit www.healthpointplaza.com

INDEPENDENCE DAY 5K Registration Form

Name: _____ Daytime Phone: _____

Address: _____

City/State/Zip: _____

E-mail address: _____ @ _____

Entry Fee: \$20.00 (Payment due at time of registration) Make checks payable to Healthpoint Fitness

Event: (Circle One) 5K Run 5K Walk **Child care Needed?** (Circle One) Yes No

Age: _____ years on race day **Gender:** (Circle One) Male Female

If 13 or under and participating in the 5K, an additional waiver must be signed by parent/guardian prior to the start of the race.

T-shirt: (circle size) **Adult:** S M L XL XXL

Waiver: I am aware that the event in which I am competing is a severe test for even the best-conditioned athlete. I am physically and mentally prepared for this event. I hereby absolve the sponsors and organizers of the race of responsibility for any injury that I may suffer because of my participation.

Participant Signature _____ Date _____
(Parent/Guardian sign for participants under age 18)