

Two ways to register

- 1) Register online at www.challengetocure.com.
- 2) Complete the form below and mail it to: Columbia Multisport Club, 1400 Forum Blvd., Suite 38 #311, Columbia, MO 65203, or drop it off at one of the following locations: The Starting Block, Tryathletics, Quarterdeck Room 217 or the information desks located in the main lobbies of Ellis Fischel Cancer Center, Columbia Regional Hospital and University Hospital.

Please use one entry form per individual.

In consideration of your acceptance of this entry, I, intending to be legally bound, hereby, for myself, my heirs and assignees, waive any and all claims for damages that I might have against the City of Columbia or the Columbia Multisport Club for any and all injuries suffered by me as a result of this event.

Acknowledgement of event waiver: _____ (participant's signature)

Name: _____ 5K Walk \$35 (\$30 if registered by April 8)

Are you a University of Missouri Health System employee? Yes _____ No _____ 5K Run \$35 (\$30 if registered by April 8)

_____ 10K Run \$35 (\$30 if registered by April 8)

Team name: _____ Kid's fun area \$5

Gender: M / F (circle one)

Birth date: _____ Total fees: \$_____

E-mail address (necessary for race registration confirmation): _____ Additional cancer research pledge amount: \$_____

Address: _____ Donation amount: \$_____

City/state/ZIP: _____ Total amount enclosed: \$_____

Phone: _____ Please make checks payable to Columbia Multisport Club.

Emergency contact name/phone number:

Are you a cancer survivor?: yes no (circle one)

I am running in memory or support of:

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

_____ In lieu of receiving a T-shirt, please include the cost of my T-shirt to the race's donation to Ellis Fischel Cancer Center.