

EPIC Glow 5k

5k Run or Walk on Wednesday, December 31, 2014 at 8:00pm.

Location: Osage Centre on Community Trail

This is a timed event by Cape Road Runners.

Join us for the first annual EPIC Glow 5k. Be prepared to bring in the New Year in a new light and in a healthy way. The EPIC Glow 5k is being hosted by the Early Prevention Impacts Community (EPIC) Coalition in Cape County. Proceeds will allow EPIC to continue supporting the development of a healthy community by working to prevent youth substance abuse. Each participant will be encouraged to wear items to make them glow as they race into 2015! In the event of inclement weather, check our Facebook page: www.facebook.com/epicprevention

- Packet Pickup: Early Pickup on Monday(12/29) & Tuesday (12/30) at MO Running Co. from 10am-3pm or pick up your packet from 6:30pm-7:30pm on race day.
- What you get: T-Shirt & Glow Accessories
- Fees: \$30 for individual or \$25 each with team of 4 or more by 11/30, \$35 after 11/30 including race day registration.
 - Shirts are only guaranteed if registered by 11/30
- Awards: Top three participants in each age bracket per gender *runners only*
- Age Brackets: 19 & under, 20-29, 30-39, 40-49, 50+



.....Please Print.....Detach Here..... Please Print

Participant Name: _____ DOB: _____ Age on Race Day: _____ Phone Number: _____

Address: _____ E-mail: _____

Race: 5k Run 5k Walk Donation Only T-Shirt Size: Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL

Male Female Team Name (if desired; requires 4 or more): _____ Amount Enclosed: _____

Checks made to EPIC Prevention. Return to ATTN: EPIC Glow 5k 210 N Sprigg St. Cape Girardeau MO 63703

Waiver of Liability: In consideration of the Early Prevention Impacts Community (EPIC) Coalition permitting either me or my child to participate in the EPIC Glow 5k Run or Walk event, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I or my child may have against the EPIC Coalition or any sponsor, volunteer, or contributor to this event and his or her representatives, successors, and assigns for any and all claims or liability of any kind arising out of my training for and/or participation in the "Event." My child and I agree to abide by any decisions of the race official relative to my/his or her ability to safely complete this Event. My child and I assume all risks associated with running in the Event, including but not limited to falls, contact with other participants, the effects of the weather and the conditions of the course. I attest and verify that my child and I are physically fit and sufficiently trained for the completion of this Event. I acknowledge that the entry fee paid is non-refundable and non-transferable. I hereby grant permission to any and all of the aforementioned parties to use photos and videos of my family and/or me.

Signature (guardian if under 18 years of age): _____ Date: _____



For more information please visit www.epicprevention.org, e-mail coordinator@epicprevention.org, or call 573-587-1921