



# REGISTRATION FORM

Please mail with the registration fee to:

Rolla Lions Club  
PO Box 244  
Rolla, MO 65402

*Only one registrant per form please  
Make checks payable to Rolla Lions Club*

Presented by  
Rolla Lions Club

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
GENDER (M or F) \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PHONE CARRIER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
EMAIL: (ONLY used for race updates and to send next year's registration race information) \_\_\_\_\_

Please circle T-shirt size: S M L XL 2XL Youth L (register by September 16 to guarantee T-shirt)

Registration Fee: \_\_\_\$30 for 5K only \_\_\_\$40 for 5K & Beer Stein Amount Paid: \_\_\_\_\_

**Waiver:** I know that running is a potentially hazardous activity. I should not enter or run in this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete the run safely. I assume all risks associated with running in this race, including, but not limited to: falls, contact with other participants, the effects of weather, including cold temperatures or rain, the condition of the road, and traffic on the course. All potential risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf either now or in the future, waive and release Split Second Timing, the Rolla Lions Club, its members, volunteers, and all sponsors, their representatives, and successors from all claims of liabilities of any kind, including any claims arising of our negligence or aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Please Initial \_\_\_\_\_

**COVID Waiver:** By signing this agreement, I acknowledge the contagious nature of COVID and voluntarily assume the risk that I may be exposed to or infected by COVID while attending the Oktoberfest 5K and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID at the Oktoberfest 5K may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

Please Initial \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANTS SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (if under the age of 18) DATE

Bib # \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Check \_\_\_\_\_  
Paid: Cash \_\_\_\_\_  
Office Use Only