

# 18th Annual Parkinson's 5K Walk/Run and One Mile Fun Walk



**When:** November 21, 2020

**Entry Fee:** \$25

**Course:** Wherever you would like, we're going virtual this year!

**Registration:** Forms can be dropped off at:  
 The BodySmith/PGO  
 1136 E St Louis St  
 Springfield, MO 65806  
<https://runsignup.com/Race/MO/Springfield/PoundthePavement>  
 Or mail to: Parkinson's Group of the Ozarks  
 PO Box 50595, Springfield, MO 65805

**Packet Pickup:** Friday November 20th from 4PM to 7PM at  
 The BodySmith/PGO (Address above)

**Questions:** Contact Justin Milam (417) 225-2629;  
[Justin@ParkinsonsGroup.org](mailto:Justin@ParkinsonsGroup.org)  
[Facebook.com/ParkinsonsGroup5K](https://www.facebook.com/ParkinsonsGroup5K)

**Cause:** The Parkinson's 5K Walk/Run benefits the Parkinson's Group of the Ozarks, whose mission is to educate, support research and improve the quality of life for persons affected by Parkinson's.

**Entry includes**

- 5K registration
- T-shirt\*
- Goodie bag
- Entry into prize drawings

\*t-shirt size guaranteed if registered by 11/6/2020

## ENTRY & RELEASE FORM



**YES!**

*I want to participate in the 18th Annual Pound the Pavement for Parkinson's on November 21, 2020.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Email \_\_\_\_\_

Age on race day: \_\_\_\_\_ Gender: M F

T-Shirt size: S M L XL XXL XXXL

(If Applicable) Participating in honor of: \_\_\_\_\_

- I can't participate, but please accept my donation
- 1 Mile Walk
- 5K walk/run

**Waiver:** in consideration of acceptance of this entry, I know that running a road race is a potentially hazardous activity, and therefore RELEASE AND WAIVE any and all claims for damages against the Parkinson's Group of the Ozarks its members and/or associated agencies, any race workers or volunteers, the city of Springfield, and Greene County for any injuries or illnesses suffered in this event. I will not enter and walk/run unless I am medically able, physically fit, sufficiently trained, and am not participating against doctor's recommendation. I also give my consent to use my photo or video during the event for media and publicity purposes. By execution of this entry form, I acknowledge having read the entry information and this entry form and agree to the terms thereof.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_