



Entry includes:

- Race registration
- T-shirt*
- Goodie bag
- Trophies for top 3 by age group
- Team photos!

*t-shirt size guaranteed if registered by 9/6/2025



23rd Annual Parkinson's 5K Walk/Run & One Mile Fun Walk

- When:** 9:30 AM on Saturday, September 20th, 2025
- Entry Fee:** \$30 Pre-Registration; \$35 Race Day Registration
- Location:** Rutledge-Wilson Farm Park
3825 W. Farm Rd 146, Springfield, MO 65807
- Course:** Head west on Wilson's Creek Greenway and back
- Registration:** Forms can be dropped off at or mailed to:
The Bodysmith/Parkinson's Group of the Ozarks
1136 E. St. Louis St., Springfield, MO 65806
Or scan the QR Code!
- Packet Pickup:** Friday, September 19th from 4-7 PM at The Bodysmith
OR
9-9:30 AM on race day at Rutledge-Wilson Farm Park
- Questions:** Justin Milam (417) 225-2629 Justin@ParkinsonsGroup.org
[Facebook.com/ParkinsonsGroup5K](https://www.facebook.com/ParkinsonsGroup5K)
- Cause:** Benefitting 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 disease.



ENTRY & RELEASE FORM

YES! I want to participate in the 23rd Annual Pound the Pavement for Parkinson's on September 20, 2025.

Name _____

Address _____

City _____ State _____ Zip _____

Phone () - _____

Email _____

☐ I can't participate, but please accept my donation

☐ 1 Mile Walk

☐ 5K Walk/Run

Age on race day _____

Gender: M F

T-Shirt size: S M L XL XXL XXXL

(If Applicable) What team are you running with? _____

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: _____