



3rd ANNUAL MSAA RACE FOR RECOVERY:

STRIDES FOR SOBRIETY 5K

Saturday, April 4th – 8:00 AM

Querbes Park, 3507 Beverly Place, Shreveport

Please join Medical Students Against Addiction for the 3rd Annual Race for Recovery 5K in support of Oakwood Home for Women and Loving Solutions – two halfway homes who provide a safe place for women in recovery.

Date & Starting Time: Thursday evening April 4th, 8:00 a.m.

Registration: Registration **prior to race day** is \$25 and can be completed online at www.sportspectrumusa.com, in person at Sportspectrum which is located at 6970 Fern Avenue, Shreveport LA, or 7:30 am at the registration table on race day for \$30.

T-shirt and Packet Pick-up: You can pick up your race packet at Sportspectrum beginning Wednesday, April 1st noon – 6:30 p.m. through Friday, April 3rd from 10:00 a.m. – 5:30 p.m.. You can also pick up your packet on race day at the registration table beginning at 7:30 am.

Awards: Overall male and female, 1st and 2nd place in each age group. **Age Groups:** 19 – under, 20-29, 30-39, 40-49, 50-59, 60+

Special Note: Strollers, wagons, baby joggers, and hand pushed or pulled vehicles will be allowed on the course, but only at a walking pace. Absolutely NO in-line skates, roller skates.



SIGN UP ONLINE at www.sportspectrumusa.com



Waiver & Release

In consideration of my being admitted to enter "Race For Recovery 5K: Makin Moves Against Meth", I, for myself, my heirs, and assigns, executors and administrators, do hereby forever release and discharge Sportspectrum, RRCA, Sportspectrum Race Management, Louisiana State University Health Sciences Center School of Medicine in Shreveport, their employees students, and agents, of and from any and all claims or demands for damages, injuries, or liability, in any manner arising out of participation in this event. I agree to indemnify and hold harmless the parties released above from any claims or demands for damages, for injuries or liability, in any way arising out of my participation in this event. I certify that I have prepared myself for this race and that I am in adequate physical condition to complete the event I have entered. I agree to follow all rules of this race and to permit myself be removed from the competition if in the opinion of Race Management that continuing would endanger my health.

RACE FOR RECOVERY 5K Official Entry Form – April 4th, 2020

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Birth Date ____/____/____ Circle: Male or Female

Email: _____

T-Shirt Size: (circle) YS YM YL S M L XL XXL (add \$2.00)

I understand and agree to all conditions of waiver. **Signature** _____

Parent/Guardian Signature for participant under 18 years old _____