



# 41

# ST ANNUAL

# CITY OF Roses

## HALF MARATHON & 5K

**HALF MARATHON PURSE:**  
**\$300 TOP MALE/FEMALE**  
**\$200 TOP MASTERS MALE/FEMALE**

**OSAGE CENTRE**  
**1625 N. KINGSHIGHWAY**  
**CAPE GIRARDEAU, MO**

**INVITE YOUR FRIENDS & STAY UPDATED AT [FACEBOOK.COM/CITYOFROSESHALFMARATHON](https://facebook.com/cityofroshalfmarathon)  
AND [WWW.CAPEROADRUNNERS.ORG](http://www.caperoadrunners.org)**

## SATURDAY SEPTEMBER 18<sup>TH</sup> 2021

- 6:30-7:45AM** Packet Pick-Up for 5K & Doubles (5K & Half)
- 8AM** 5K Race Starts
- 9AM** Awards for 5K
- 9:30AM-2PM** Packet Pick-Up for Half Marathon

## SUNDAY SEPTEMBER 19<sup>TH</sup> 2021

- 5:30-6:30AM** Packet Pick-Up for Half Marathon
- 6:30AM** Half Marathon Start - Walkers/Non-Competitive Runners\*
- 7AM** Half Marathon Start - Competitive Runners

**Entry Fees by 8/31:**

**9/1-9/18:**

**Age Groups:**

**Team Option:**



5K	\$25	\$25
Half Marathon	\$60	\$70
Double	\$75	\$85

0-19, 20-24, 25-29, 30-34,  
35-39, 40-44, 45-49,  
50-54, 55-59, 60-64, 65+

Team consists of one each:  
Masters Female (Age 40+)  
Masters Male (Age 40+)  
Open Female  
Open Male

**Cape Girardeau Road Runner members receive a \$5 discount on the half marathon and a \$2 discount on the 5K (mail-in registration only). Only registrations received by 9/4/2021 will be guaranteed a shirt.**

**Register online at [CapeRoadRunners.org](http://CapeRoadRunners.org) or mail payment to  
Cape Girardeau Road Runners - City of Roses  
PO Box 2325, Cape Girardeau, MO 63702**

\*We ask that you respect our 3 hr. cutoff for the race, so our many volunteers on the course can finish their part and enjoy the day. To accommodate this, we offer the 6:30am start for those that feel they will not finish in under 3 hours. The only difference, race-wise, is that participants starting at 6:30 will receive a finishers medal and are still eligible for all of our wonderful attendance prizes, but are not eligible for age-group awards.

**FOR INDIVIDUAL HALF MARATHON AND 5K, PLEASE FILL OUT THE INFORMATION IN THIS BOX.  
FOR MARATHON TEAM, ALL 4 MEMBERS NEED TO COMPLETE THE REGISTRATION INFORMATION.**

Event: 5K \_\_\_\_ Half Marathon \_\_\_\_ Team Name (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Age on 9/18/21: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

(check one if applicable)

Half Marathon: Competitive Start (7am) \_\_\_\_ Walker/Non-Comp. (6:30am) \_\_\_\_

You may change your selection by emailing [director@caperoadrunners.org](mailto:director@caperoadrunners.org).

Half Marathon: = \_\_\_\_\_

5K: = \_\_\_\_\_

Both: = \_\_\_\_\_

CGRR Discount: = \_\_\_\_\_

CGRR Member? Y/N

Long Sleeve Tech Shirt (Half Marathon): Womens- S M L XL XXL Mens- S M L XL XXL

T-Shirt (5K): Youth- L Adult- S M L XL XXL

TOTAL ENCLOSED = \_\_\_\_\_

Initial here verifying you have read and understand the liability waiver \_\_\_\_\_

Checks should be written to  
Cape Girardeau Road Runners.

Name: \_\_\_\_\_ Age on 9/18/21: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

(check one if applicable)

Half Marathon: Competitive Start (7am) \_\_\_\_ Walker/Non-Comp. (6:30am) \_\_\_\_

You may change your selection by emailing [director@caperoadrunners.org](mailto:director@caperoadrunners.org).

Half Marathon: = \_\_\_\_\_

Both: = \_\_\_\_\_

CGRR Discount: = \_\_\_\_\_

CGRR Member? Y/N

Long Sleeve Tech Shirt (Half Marathon): Womens- S M L XL XXL Mens- S M L XL XXL

TOTAL = \_\_\_\_\_

Initial here verifying you have read and understand the liability waiver \_\_\_\_\_

Name: \_\_\_\_\_ Age on 9/18/21: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

(check one if applicable)

Half Marathon: Competitive Start (7am) \_\_\_\_ Walker/Non-Comp. (6:30am) \_\_\_\_

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Half Marathon: = \_\_\_\_\_

Both: = \_\_\_\_\_

CGRR Discount: = \_\_\_\_\_

CGRR Member? Y/N

Long Sleeve Tech Shirt (Half Marathon): Womens- S M L XL XXL Mens- S M L XL XXL

TOTAL = \_\_\_\_\_

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Name: \_\_\_\_\_ Age on 9/18/21: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M/F

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

(check one if applicable)

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Long Sleeve Tech Shirt (Half Marathon): Womens- S M L XL XXL Mens- S M L XL XXL

TOTAL = \_\_\_\_\_

Initial here verifying you have read and understand the liability waiver \_\_\_\_\_

**LIABILITY WAIVER:** I know that running a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of weather including heat, humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts in consideration of your accepting my entry, I, for myself and anyone entitle to act on my behalf, waive and release the City of Cape Girardeau, The Cape Girardeau Road Runners Club, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.