

Show your support for SoutheastHEALTH
Children's Health & Wellness programs

Independence Day 5K

Sunday, July 4, 2021

7:04 a.m. start

Race will begin and end at Southeast HealthPoint Fitness in Jackson

EVENTS:

Firecracker 1 Mile – Walk or run just for fun! (7:15 start time)

5K Walk – Walkers must walk the entire course.

5K Run – Runners may walk or run throughout the course.

Chip timing will be used to record times (5K Run/Walk).

Child care will be available during the event – please indicate on your registration form.

Virtual Run/Walk – Support our cause!

Register and run in your own area and we will send you a t-shirt!

AWARDS:

Medals for 1st – 3rd place in each age group.

Age Divisions: Under 14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, 65–69, 70–74, 75+

This is a Cape Road Runners Grand Prix Race.

REGISTRATION:

Register online until July 1 at SEhealth.org/July4race, or mail your registration to:

Southeast HealthPoint Fitness

Attn: Independence Day 5K

410 W Main, Jackson, MO 63755

Registrations may also be dropped off at either HealthPoint location until 4 p.m. on Saturday, July 3, and the day of the race until 6:45 a.m..

Registration includes a T-shirt and give-away bag. Pre-registration packets can be picked up on Friday, July 2 from 9 a.m.– 6 p.m. or Saturday, July 3 from 9 a.m.–Noon at HealthPoint Fitness in Jackson; or from 6–6:45 a.m. on race day.

(Due to the volume of registrations, we recommend that you pick up your bag before race day.)

DRI-FIT T-SHIRTS TO ALL PARTICIPANTS!

Register by Wednesday, June 16, 2021

to guarantee your shirt size preference!

Limited sizes available to those who register after June 16.

All proceeds directly benefit Children's Health & Wellness



For more information, please call
HealthPoint Fitness in Jackson
(573) 755-2301
or visit SEhealth.org

2021 Independence Day 5K Registration Form

Name: _____ Daytime Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Entry Fee: \$25 before race day and \$30 on race day [no shirt: \$20] (Payment due at time of registration)
Make checks payable to Southeast HealthPoint Fitness

Event: (Circle One) Firecracker 1 mile 5K Run 5K Walk Virtual Run/Walk **Child care Needed?** (Circle One) Yes No

Age: _____ years on race day **Date of Birth** _____ **Gender:** (Circle One) Male Female

If 13 or under and participating in the 5K, an additional waiver must be signed by parent/guardian prior to the start of the race.

T-shirt: (circle size) **Adult:** (men and women dri-fit sizes) S M L XL XXL (add \$3) **Are you a Cape Road Runner?** (Circle One) Yes No

Waiver: I am aware that the event in which I am competing is a severe test for even the best-conditioned athlete. I am physically and mentally prepared for this event. I hereby absolve the sponsors and organizers of the race of responsibility for any injury that I may suffer because of my participation. I authorize SoutheastHEALTH to use photographs for publicity.

Participant Signature _____ Date _____

(Parent/Guardian sign for participants under age 18)