

# 2020 MAYFEST 5K RUN/WALK



First State  
Community Bank



## SATURDAY, JULY 11TH

PERRY PARK CENTER

REGISTRATION/CHECK-IN:  
6:45 - 7:45 A.M.

5K RUN/WALK  
8:00 A.M.

**\$20**  
MEMBERS

**\$25**  
GUESTS

**EARLY BIRD REGISTRATION: GET AN  
ADDITIONAL \$5 OFF BEFORE JUNE 28TH**

**INTERESTED IN BECOMING A SPONSOR? CONTACT AARICA  
STEPHENSON AT 547-7275 FOR MORE INFORMATION!**

EACH PARTICIPANT WILL RECEIVE A T-SHIRT AND POST-RACE REFRESHMENTS.

ANY ENTRY RECEIVED AFTER THE EARLY BIRD DEADLINE IS NOT GUARANTEED TO RECEIVE A SHIRT ON RACE DAY.

AWARDS WILL BE ISSUED FOR THE TOP OVERALL MALE AND FEMALE, ALONG WITH THE TOP 3 IN EACH DIVISION.

ALL PROCEEDS GO TOWARDS PROVIDING AFFORDABLE EVENTS AND RECREATION OPPORTUNITIES FOR THE COMMUNITY.

**Perryville Parks and Recreation  
2020 Mayfest 5K Run/Walk  
Registration Form**

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**      **Male**      **Female**

**If under 18, Parent/Guardian Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**      **Male**      **Female**

**Phone Number:** \_\_\_\_\_ **Home Phone**      **Cell Phone**

**Email Address** \_\_\_\_\_

**Would you like:** **Courtesy Notices** | **Critical Announcements** | **Upcoming Events**

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**I live in:**              **Perry County**      |      **City of Chester**      |      **Other**

**Shirt Size:**      **S**      |      **M**      |      **L**      |      **XL**      |      **2XL**      |      **3XL**      |

**Are you a member of Cape Girardeau Road Runners Club?**      **Yes**      |      **No**

Please make checks payable to "City of Perryville"  
No Refunds

**ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS**

I allow child and myself to participate in Perryville Parks and Recreation programs and activities, including transportation provided, and to use Perryville Parks and Recreation facilities including but not limited to the entire aquatics area, weight room, and all equipment on site. I release the City of Perryville and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the City of Perryville has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury and illness (ex: communicable diseases such as MRSA, influenza, COVID-19, head lice, etc.) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist;. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I give my consent to the City of Perryville to take photos/video of my child and me to be used by the City of Perryville for program promotion. I am at least 18 years of age and verify that all the information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

\_\_\_\_\_  
**Parent/Guardian or Participant Signature**

\_\_\_\_\_  
**Date**

Return registration form & fee to:  
Perryville Parks & Recreation Department  
800 City Park Drive  
Perryville, MO 63775

For Office Use Only

Type of Payment \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_