

Registration Form

Pioneer Day 5K Run and 3K Walk
Saturday May 6, 2017

Printed _____
*Email address _____
*used only for future registrations forms

IN CELEBRATION OF GUYMON'S PIONEER DAY, THE PSI OMEGA SORORITY, CHAPTER OF ESA AND THE GUYMON CHAMBER OF COMMERCE, INVITE YOU TO PARTICIPATE IN THE PIONEER DAY 5K RUN OR 3K WALK. **ALL PROCEEDS GO TO THE DONNA COOPER MEMORIAL SCHOLARSHIP AND THE CHRIS CAMPBELL MEMORIAL SCHOLARSHIP AT OPSU.**

THE RACE STARTS BEHIND THE TEXAS COUNTY ACTIVITY CENTER AND ENDS AT THE GIRL SCOUT HUT. THE COURSE WILL FOLLOW PAVED AND BRICK ROADS. A MAP WILL BE AVAILABLE AT THE START. REGISTRATION WILL BE FROM 6:30 TO 7:15 A.M. AT THE TEXAS COUNTY ACTIVITY CENTER. THE RACE STARTS PROMPTLY AT **7:30 A.M.** THE FEE FOR RUNNING OR WALKING IS \$25.00 ON MAY 6th, \$20.00 APRIL 21-May 4th AND \$15.00 IF PRE-REGISTERED BY APRIL 20th.

ALL RUNNERS AND WALKERS WILL RECEIVE AN OFFICIAL PIONEER DAY 5K SHIRT. ACCURATE TIMES AND PLACES WILL BE RECORDED. PRIZES AND AWARDS WILL BE AWARDED AT A SHORT AWARDS CEREMONY IMMEDIATELY AFTER THE RACE. YOU CAN PRE-REGISTER BY FILLING OUT THE ATTACHED FORM BRINGING TO 702 N. QUINN; GUYMON OR MAILING TO:

PSI OMEGA
C/O Riocito
PO BOX 1620
GUYMON, OK 73942

FOR MORE INFORMATION CALL:
JANICE LEWIS 580.338.2004 OR
TEINA SAMPLE 580.652.8613 OR
LUCINDA RAY 580.338.3731

AGE DIVISIONS FOR BOTH MALE AND FEMALE RUNNERS AND WALKERS:

0-13 14-19 20-29 30-39 40-49 50-59 60-69 70+.

PRINTED NAME _____ AGE ON MAY 6, 2017 _____

ADDRESS _____ Phone _____

_____ MALE _____ FEMALE _____

_____ WALK _____ RUN _____ SHIRT SIZE _____

(our records only - Pre-registered _____ Needs Shirt _____ Rec'd Shirt _____ SWFTR _____)

I HEREBY CERTIFY THAT I AM NOT UNMINDFUL OF THE DANGERS OF COMPETING IN ROAD RACES AND I AGREE TO ASSUME THE RISKS THAT GO ALONG WITH ENGAGING IN STRENUOUS ACTIVITY ON PUBLIC STREETS. I AGREE THAT, IN THE EVENT OF MY INJURY OR DEATH WHILE RACING IN THE PIONEER DAY 5K RUN/WALK OR PARTICIPATING IN ANY OTHER ACTIVITY REMOTELY ASSOCIATED WITH THE RACE, NEITHER I, NOR MY RELATIVES OR REPRESENTATIVES WILL SUE ANY PERSON OR ORGANIZATION HELPING WITH THE RACE FOR DAMAGES; EVEN IF MY INJURIES WERE THEIR FAULT. I HAVE CONFIRMED WITH MY DOCTOR THAT I AM PHYSICALLY SOUND AND READY TO RUN OR WALK IN THE RACE AND I ASSUME RESPONSIBILITY FOR MY OWN PHYSICAL WELL-BEING BEFORE, DURING AND AFTER THE RACE.

SIGNATURE OF PARTICIPANT _____
(PARENT OR GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER AGE 18)