



Mississippi Valley Running Association

43rd Annual Benefit Classic

Half Marathon & 5K

NEW DATE – Saturday, Sept 19 7:30 am

LOCATION – Mystique Community Ice Center

PLEASE PRINT CLEARLY TO ENSURE ACCURACY ON THE RACE RESULTS

(circle one)

RACE: Half 5K **SHIRT SIZE:** YS YM S M L XL XXL (+\$2) **GENDER:** M F

NAME: _____ **AGE:** _____ **DOB:** ____/____/____

CITY/STATE: _____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT (name/phone): _____

RACE REGISTRATION COSTS: (checks payable to MVRA)

THROUGH May 15 --	5K:	_____ \$40	_____ \$35 MVRA Member
	Half Marathon:	_____ \$60	_____ \$50 MVRA Member

STARTING May 16 --	5K:	_____ \$45	_____ \$40 MVRA Member
	Half Marathon:	_____ \$65	_____ \$55 MVRA Member

Shirt not guaranteed if registered after August 31. Deadline for mail-in registrations is Sept 14. Mail forms to: MVRA, PO Box 854, Dubuque, IA 52004

Online registration will be open until noon on Friday, Sept 18. The last chance for registration is Friday, Sept 18 at packet pick-up from 5-6:30 p.m. There is **NO race day registration.**

For additional information on the race go to MVRADubuque.com.

WAIVER: In consideration of the foregoing, I, for myself, my heirs, my executors, administrators, and assignees, do hereby waive and refuse any and all rights and claims for damages I may have against the Mississippi Valley Running Association, its officers, directors, agents, and employees, and any and all participating supporters, for all claims of damages, demands, or actions whatsoever, in any manner arising or stemming from my participation in said race known as MVRA Benefit Classic. I attest and verify that I am physically capable and fit, and have sufficiently trained for the completion of this event, and my condition has been verified by a licensed medical doctor.

SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ (required if participant is under 18)

QUESTIONS?

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