



**!!! Come join your Joplin
RoadRunners to run the only
certified 12K in Missouri !!!**



CARTHAGE CROSSLINES AND 4-H 2ND ANNUAL CLOVER RUN 5K/12K

SATURDAY MARCH 7, 9AM

66 DRIVE-IN THEATER ON OLD RT66 IN CARTHAGE, MO

**NET PROCEEDS GO TO
CARTHAGE CROSSLINES AND JASPER COUNTY 4-H**

THE 12K & 5K RACES ARE USATF-CERTIFIED



REGISTRATION FEE

5K: \$30 \$35 AFTER 3/5

12K: \$45 \$50 AFTER 3/5

VIRTUAL RUN: \$50 (VIRTUAL RUN INCLUDES RACE SHIRT)

JRR MEMBERS

\$5 OFF WITH DISCOUNT CODE (NO DISCOUNTS ON RACE DAY)

**QUALITY TECH SHIRTS ARE OPTIONAL
AND CAN BE ORDERED DURING ONLINE REGISTRATION UNTIL 3/1**

**IN-PERSON REGISTRATION ON 66 DRIVE-IN PARKING LOT
AT FRIDAY PACKET PICKUP OR STARTING AT 7:30AM ON RACE DAY**

Race Info

- ✓ Participants will receive a chip time for either distance. Participants in both races will qualify for listing on MO staterunningrecords.com and on MaraRunning.org.
- ✓ Awards to top M/F in both races
Age group awards to top M/F in each 5K age group: 1-12; 13-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70+
Age group awards to top M/F in each 12K age group: 1-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70+
Awards to top-3 age-graded winners in both races
Awards for each MO age record set in the 12K.
- ✓ Both races will start and end at 66 Drive-In on Old Rt 66 in Carthage.
- ✓ Course is rolling country roads and part hardened trail, fast and beautiful this time of the year.
Course safety provided by Jasper County Sheriff.
- ✓ Drawing among all participants and volunteers for ten \$25 gift certificates at “**The RunAround**” running store as well as various other door prizes. Must be present to win.
- ✓ Check our Facebook event page for latest updates: facebook.com/JoplinRoadRunners
- ✓ Virtual runs: need to be submitted by midnight 3/7
AGP% score as well as T-shirt and finisher’s medal will be mailed to all virtual participants
- ✓ Race direction by **Joplin RoadRunners**.

In-Person Race-day Registration Form

PARTICIPANTS FIRST / LAST NAME: _____

BIRTHDATE: ____/____/____

[if not a JRR member, please fill out below contact info]

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (_____) _____

EMAIL ADDRESS (in CAPS please): _____

GENDER:

MALE ☐

FEMALE ☐

RACE:

5K: \$35 ☐

12K: \$50 ☐

Shirts are optional at \$15 for S, M, L and XL, \$20 for 2XL and 3XL (need to be picked up after the race)

Shirt size (circle your selection): S M L XL 2XL 3XL No Shirt

WAIVER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Race Director, The Joplin RoadRunners, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable, and bib numbers are non-transferable.

By signing this waiver, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Name _____ Date _____

Signature _____