



6TH ANNUAL Haunted Hustle 5K 2024

October 26, 2024

Walk/Run 5K

Start/Finish at North Jefferson City Room/Building
810 Sandstone Street, Jefferson City, MO 65101

Registration - 8:30 a.m. | Start - 9:00 a.m.

Refreshments: Food and Water will be available before, during and after the 5K.

Medals awarded for Male and Female overall Walker.

Medals awarded for 1st, 2nd, 3rd place age 16 and over male and female runners,

and age 15 and under male and female runners.

Registration with guaranteed long sleeve t-shirt must be turned in by October 1st.

Mail completed form and/or check to:
The Sneaker Project | PO Box 105853 - Jefferson City, 65110

Pay by Credit/Debit Card: Card # _____ Amount: \$ _____

Expiration Date: _____ CVV: _____ Billing Zip Code: _____

Online event registration available through Eventbrite at:

About The Sneaker Project

The Sneaker Project provides sneakers for qualifying children enrolled in PreK-12 school districts. Over 8,000 kids in our 4-county region: Cole, Osage, Moniteau and Miller qualify for the free lunch program. Having quality sneakers provides kids the ability to run faster, jump higher and walk with confidence.

Waiver must be signed by all participants at registration.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against The Sneaker Project and The United Way of Central Missouri or any affiliated individuals, any race sponsor and their agents and employees, and all other persons or entities associated with this event from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contacts with participants, conditions of the course, negligence of the sponsors or otherwise. If I do not follow the rules of the event, I understand that I may be removed from participation.

Proud Partner Agency



United Way
of Central Missouri

The Sneaker Project

Office Use:

Date Received: _____

Payment: _____

Amount: _____



Group Registration Form

☐ Individual (1) - \$30 ☐ 2 Pack - \$50 ☐ 3 Pack - \$70 ☐ 4 Pack - \$80

Individual Runner/Group Captain

Name: _____ DOB: ____/____/____ Age on Race Day: _____ ☐ Walker ☐ Runner

Email Address: _____ Phone #: _____ Method of Payment: _____

T-Shirt size: Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ (add \$1)

Group Members

Name: _____ DOB: ____/____/____ Age on Race Day: _____ ☐ Walker ☐ Runner

T-Shirt size: Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ (add \$1)

Name: _____ DOB: ____/____/____ Age on Race Day: _____ ☐ Walker ☐ Runner

T-Shirt size: Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ (add \$1)

Name: _____ DOB: ____/____/____ Age on Race Day: _____ ☐ Walker ☐ Runner

T-Shirt size: Adult S ☐ M ☐ L ☐ XL ☐ XXL ☐ (add \$1)

(Long sleeve t-shirt with haunted design.)