



Health Drive 3.1 (5K)

Saturday, August 6, 2022

Start time is 7:30am (rain or shine)

Location: Missouri Ozarks Community Health, MOCH Wellness Center 603 W. Broadway Ave. Ava, MO

Route: Downtown Ava; mostly flat with a couple of rolling hills, out & back; certified 5K route.

Registration: Mail form and payment to MOCH Wellness Center, P.O. Box 1359, Ava, MO 65608 or drop off at the MOCH Wellness Center. All methods require completed form and payment. Online registration: RunSignUp.com or www.mo-ozarks.org (select "news & events").

Cost: \$20; \$25 on race day. Proceeds to benefit M.O.C.H. (Missouri Ozarks Children's Health) Fund

What you get: a fun, out & back, downtown route; a great feeling of helping others; a quality running shirt; snacks; awards & a chance to win random prize drawings and more!

Packet Pick Up: Friday, August 5 at MOCH Wellness Center from 12:00-6:00pm & Saturday, August 6 (Race Day) from 6:30-7:15am.

Awards: Awards to the overall male & female finishers, overall male & female masters and top 2 finishers in each division (12 & under; 13-19; 20-39; 40-59; 60 & older).

Race Timing: Provided by Ozark Racing Systems.

Contact: For more information – Tim Shryack (tshryack@mo-ozarks.org) or call 417-683-5739.

REGISTRATION FORM

Name: _____ Age (as of August 6, 2022): _____

Address (Street/City/State/Zip): _____

Email: _____

Telephone: _____ Gender: M F

Shirt Size: Unisex- XS S M L XL XXL

*Registration forms received by 7/22/22 will receive their shirt with packet. Registrations received after 7/22/22 may not receive shirt until after race day.

WAIVER:

I assume full responsibility for running in traffic on the course during this event, as well as any and all other risks associated with competing in this event, including falls, body contact, injury, illness and even death. In consideration of these facts, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Missouri Ozarks Community Health, and any and all sponsors, organizers and volunteers for any and all claims for death or personal injury or property damage of any kind arising out of, or in the course of my participation in this event. By signing below, I specify that I am in acceptable shape and medical condition to compete in this event.

Signature: _____ Date: _____
(If under 18, must be signed by a parent or legal guardian)

PAYMENT

Checks: All checks should be made payable to: Missouri Ozarks Community Health/Health Drive 3.1

Credit Card:

Card Type: _____ Name on card: _____

Card Number: _____ Expiration Date: _____ Security Code: _____