

# MONSTER DASH 5k

& Kids' Candy 1 mile

Saturday, October 21<sup>st</sup> 2017 Plato R-V School District Cross Country Course  
10645 Plato Drive, Plato, MO 65552 (Meet at Concession Stand Pavilion by ball fields)



## RACE DAY TIMELINE

Bib Number Pick-up & Race Day Registration - 8:15-10:30 am

MONSTER DASH 5k Race - 9:00 am (walk or run)

KIDS' 1 mile TREAT OR TROT - 11:00 am (walk or run; includes candy stations)

## AWARDS & PRIZES

Awards will be given to the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place overall male/female 5k finisher.

Costume Contest: 5k – 8:50 am at start line; Kids' Mile – 10:45 am at start line.

Break out your favorite costume, or get creative and make your own.

## FEES:

**EARLY Registration Deadline BEFORE/ON Oct 12:**

MONSTER DASH 5k & T-SHIRT = Individual \$20

Kids' 1 mile TREAT OR TROT & T-SHIRT = \$15 (fee includes 1 child, 1 adult, and 1 T-Shirt)

Kids under 3 are FREE

**Day of Event Registration - AFTER Oct 12: (T-Shirts not guaranteed on same day)**

MONSTER DASH 5k = Individual \$25

Kids' 1 mile TREAT OR TROT = \$20 (fee includes 1 child, and 1 adult)

T-Shirt Purchase available for \$12 per shirt



Sponsored by PLATO Legacy Bank and Trust, Plato MO

**\*\*Please indicate payment method cash, check or money order payable to Legacy Bank & Trust**

## REGISTRATION

(downloadable registration available at [www.plato.k12.mo.us](http://www.plato.k12.mo.us))

Submit registration to PLATO Legacy Bank and Trust, ATTN: Monster Dash, 10603 HWY 32, Plato MO 65552 OR Plato School, ATTN: Monster Dash, 10645 Plato Drive, Plato, MO 65552

Participant/s Name (Parent & Child if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Activity: 5K RUN-WALK / Kids' Candy 1 mile

T- Shirt size: YXS YS YM S M L XL 2XL Additional T- Shirt size: YXS YS YM S M L XL 2XL

Payment Method \_\_\_\_\_ Total Amount \_\_\_\_\_

## WAIVER RELEASE

By participating in this event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge the organizers of this event from any and all claims or causes of action arising out of their negligence. I acknowledge that I have carefully read this (waiver/release) and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all event sponsors.

I AGREE SIGN HERE: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_ (If under 18)

Race proceeds will be donated to Plato High School FBLA and charitable organizations.