

# 29<sup>TH</sup> ANNUAL HANNIBAL CANNIBAL



Official Sponsor:



**Saturday, July 6th**  
**Rolling start between**  
**6:30 am - 7:00 am**

*During National Tom Sawyer Days in downtown Hannibal, MO.*

## ENTRY FEE

\$30/person through:  
 6/24/24  
 \$35: 6/25-24 - 7/2/24  
 \$40: 7/3/24 - 7/6/24  
 Entry fee includes cool  
 technical t-shirt and finisher's  
 medal!

## AWARDS

Finisher's Medals  
 Men's and women's  
 • 5K, 10K and 15K Run  
 • Overall top 3  
 • Age groups top 3

## MEN'S & WOMEN'S DIVISIONS

11 & UNDER	45 - 49
12 - 15	50 - 54
16 - 19	55 - 59
20 - 24	60 - 64
25 - 29	65 - 69
30 - 34	70 - 80
35 - 39	80+
40 - 44	

**COURSE CERTIFICATION, TIMING, & RESULTS PROVIDED BY:**



MAKE CHECKS PAYABLE TO HANNIBAL REGIONAL FOUNDATION

**REGISTER ONLINE AT HANNIBALCANNIBAL.COM**

**NO PETS, BICYCLES OR STROLLERS ALLOWED ON CANNIBAL COURSE.**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: F M DOB: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ (for registration confirmation/race updates)

Shirt Size: YL S M L XL 2XL 3XL

**MAIL MY PACKET** additional \$10 - must be received by 6/24/24

### Check the event in which you are participating:

**5K Run**    **10K Run**    **15K Run**    **5K Leisure Walk** (no prizes)

Credit Card Number \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_ Type: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

**Release and Waiver of Liability:** I, the undersigned, in consideration of the opportunity to participate and the acceptance of my entry in this event, intending to be legally bound, do hereby, on behalf of myself, my heirs, and legal and personal representatives, release, waive, and forever discharge any and all claims for injuries and damages to my person or property, including any and all claims for such injuries and damages resulting from negligent acts or conduct, and including any and all causes of action relating thereto, which I might have or shall ever have against Hannibal Regional Healthcare System, Inc. and/or Hannibal Regional Foundation, any of their affiliates or subordinates, including employees, contractors and volunteers and Start 2 Finish Events and Making Tracks Events, its affiliates, officers, employees, representatives, successors, and assigns, for any and all injuries and damages which I may sustain in this event. I further state that I have sufficiently trained for and that I am in proper physical condition to participate in this event. I further acknowledge that I am aware of and voluntarily assume the risks inherent in participating in this event. I further grant authorization for the free use of my name and/or photographs, video tapes, motion pictures, recordings, or any other record or transcription of my participation in this event, including, but not limited to, advertisements of or publicity, or other media accounts pertaining to this event.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If under 18 years participant's parent or guardian must sign.*

### Office use only

Check # _____	Entered by _____	Date _____
Amount _____		



PO Box 551 • Hannibal, MO 63401  
 573-629-3577

**100% of Hannibal Cannibal registration fees support the Hannibal Regional Foundation's Heart Hero Campaign.**

Follow us on Facebook for the latest race information.