



26TH ANNUAL HANNIBAL CANNIBAL

5/10/15K RUN

5K WALK

**Saturday,
July 3rd**
**Rolling start between
6 a.m. - 7 a.m**

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



for all the latest race information.

ENTRY FEE

\$25/person through: 6/21/22

\$30: 6/22/21 - 6/30/21

\$35: 7/1/21 - 7/3/21

*Entry fee includes cool
technical t-shirt!*

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	

TIMING & RESULTS
PROVIDED BY



COURSE CERTIFICATION
PROVIDED BY



MAKE CHECKS PAYABLE TO HANNIBAL REGIONAL FOUNDATION

Register online at hannibalcannibal.com.

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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 6/21/21

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: ____/____

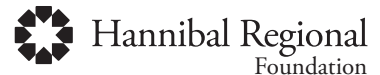
Release and Waiver of Liability: I, the undersigned, in consideration of the opportunity to participate and the acceptance of my entry in this event, intending to be legally bound, do hereby, on behalf of myself, my heirs, and legal and personal representatives, release, waive, and forever discharge 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 FLEET FEET Sports, 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
Healthy Way 2 Campaign.**