



# PRAIRIE PRIDE CHIROPRACTIC

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# ALEXANDRIA 5K RUN & WALK

Children 12 and under FREE

**June 24th, 2023**  
**Start at Hanson Track**  
**Registration starts at 8:15 AM**  
**Run/Walk starts at 9 AM**

No Bikes, Rollerblades, Skateboards, or Pets allowed on the track. (Strollers are welcomed.) Any event cancellations due to weather will be posted on Facebook @PrairiePrideChiropractic

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**We accept Cash, Check, Venmo, Visa, or Mastercard**

\$15 Registration by June 23rd

\$20.00 Registration Fee on Race Day

(Call if you would like to make a credit card payment over the phone. All credit card information will be disposed of after payment has been made.)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Billing Zip \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



@Macy-Toelle **OR** Checks payable to Prairie Pride Chiropractic

I know that running and volunteering to work in this race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete a run. I assume all risks associated with running and volunteering to work in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release **Prairie Pride Chiropractic Clinic** from all claims or liabilities of any kind ensuing out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this or any event for any legitimate purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian  
for entrants under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

**PROCEEDS GO TO ALEXANDRIA FIRE DEPARTMENT  
AND LITTLE TYKES DAYCARE**