



Come join us in remembering the lives that were lost on September 11, 2001. The 5K race starts at Wildwood Town Center, runs through the city of Wildwood, including running through the apparatus room of Metro West Fire Station #3 and concludes back at Wildwood Town Center. Unique to this race will be a custom race bib to commemorate all the lives lost on that day.



All Proceeds go to benefit:



Race Begins at 8 am Wildwood Town Center at the corner of Fountain Pl. and Plaza Dr.

THE RACE WILL BE CAPPED AT 500 RUNNERS SO SIGN UP EARLY!

Entry Fees: \$30.00 before Sept. 10th
 \$35.00 race day
 (Race day registration checks or cash only)

5k Registration Includes:
 - Performance Short Sleeve Shirt
 - Commemorative Finisher's Medals
 - Overall Winner Awards – Top Male and Female

Pre-Race Packet Pick-up at Wildwood City Hall, 183 Plaza Drive, Wildwood, MO 63040 - 636-458-0440 on September 9 & 10 from 4-7pm (race day packet pick up at 7am)



Presented by:



Cut out the registration form, fill out and mail with payment. Or go online and register at: www.GetMeRegistered.com

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Name: _____ Age(as of 9/11/10): _____ Gender: M F

Date of Birth: ___/___/___ Shirt Size: (CIRCLE ONE) S M L XL

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

WAIVER OF LIABILITY: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, demands, actions and cause of actions against the City of Wildwood, the Metro West Firefighters and Metro West Fire Protection District, St. Louis County Police, Ghisallo Running, their affiliates, subsidiaries, officials, successors and assign from claims and damages and/or injuries incurred while participating in or as a spectator at the "Run to Remember". I attest as a participant or parent of a minor participant and verify that I am physically fit for competition for this race, and my physical condition has been verified by a licensed medical doctor. Registration is not valid without signature. I also agree, as a participant or parent of a minor participant, to grant full permission to all entities involved to use my name/their name, photograph, videotape, or recording for promotional purposes without obligation or liability to my family. No rain date.

Questions? Call 314.616.6080 or EMAIL: run@metrowest-fire.org
 Mail to: Metro West Firefighters, PO Box 295, Wildwood, MO 63040

Signature _____ Date _____
 (Parent's signature if under 18)