

# 30<sup>th</sup> ANNUAL Hannibal Cannibal

**Saturday,  
July 5th**

**starting at 6:30 a.m.**

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



for all the latest race information.

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

## ENTRY FEE

\$30/person through: 6/23/25

\$35: 6/24/25 - 7/1/25

\$40: 7/2/25 - 7/5/25

*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	

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 6/23/25

### 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 Event Management, 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.*



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

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

### Office use only

Check # _____ Entered by _____ Date _____
Amount _____