

STOMPING OUT CANCER

ONE STEP AT A TIME



Saturday April 26, 2014

Pre-register by: March 27, 2014

Time: 5K 9:00 am 1 Mile Run/Walk 10:00 am

2013 Stomping Out Cancer One Step at a Time

5K Color Run -- 1 Mile Color Run/Walk
Registration Form

Location of
Race: Forest
Lake Park
Garden City, KS
(Off Mary
Street)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email _____

Used for updates on the race

Date of birth: _____ Age: _____ Sex M F

Race 5K 1 Mile Virtual run Shirt size: YM YL S M L XL 2X 3X

Entry fees:

5K - \$25.00 or 1 Mile Run/Walk - \$20.00 (5K runners may do the 1 Mile run/walk for free)

Virtual Runners \$25.00 - shirt will be mailed for free.

Preregistered runners (by March 27, 2014) will be guaranteed a t-shirt, After that date - first come first served and first choice in sizes left.

Early bird registration - by March 1, 2014 -- \$20.00 for 5K and \$15 for 1 Mile run/walk

Late: - race day registration runners - will start at 8:00 am

*SWTFR members deduct \$2.00

_____ My Payment is enclosed. (Make checks payable to: Relayers Who Care Relay For Life Team)

Mail Registration form to: Denise Mohlman*Box 944*Lakin, Ks 67860*phone 620-271-8339

Email: denise.mohlman@gmail.com

ONE ENTRY PER APPLICATION *THIS MAY BE REPRODUCED *NO REFUNDS, EXCHANGES OR TRANSFERS

Every Participant Must Sign This Waiver! Parent/Guardian for anyone under 18 must sign the waiver.

I know that running/walking a road race is a potentially hazardous activity. I should not enter 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 the event. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of weather, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf; waive and release the Relayers Who Care Relay For Life Team, and all volunteers associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____