

First Name _____ Last Name _____

 Male Female Date of Birth _____/_____/_____ Age on Race Day _____

Address: _____

City _____ State _____ Zip _____

Family - Organization Name _____

Email: _____

INDIVIDUAL EVENT
 TIMED 5k Run TIMED 5K Walk TIMED 10K Run Not Timed Participant Only
KIDS' EVENT
 Age 0-3 Age 4-6 Age 7-9 Age 10-12
SHIRT SIZE (Adult)
 Small Medium Large X-Large XX-Large (\$1 Extra)
REGISTRATION FEES (Checks payable to: KU Endowment Association – HG5K)\$ _____ **\$10 per Child (Race Day Registration-shirts Not Guaranteed)**\$ _____ **\$26 through September 3, 2011**\$ _____ **\$28 through September 9, 2011**\$ _____ **\$30 Race Day September 10, 2011**\$ _____ **\$1 Extra for XX Large T-Shirt**\$ _____ **Additional Donation (Tax ID #48-0547734)**\$ _____ **Total Amount Enclosed**

- Entry fee must accompany completed form and is non-refundable.
- No mail in registrations postmarked after September 3 can be guaranteed
- T-Shirt not guaranteed on race day registrations.
- Print & mail registration & check to:

Mail to: **Race Director - HG5K**
 P.O. Box 26046
 Overland Park, KS 66225

RELEASE AND WAIVER

I hereby, for myself and my heirs and administrators, assume any and all risks that might be associated with the event and hereby waive and release any and all right and claims for damages and covenants NOT TO SUE the Fountains shopping center or any supporting sponsors, race officials, volunteers, their representatives, successors or assigns any others connected with this event for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in this event any related activities. I understand that the organizers of this event consider health status a personal responsibility of each participant in this event. I understand that the rules of USATF and other OAAF regarding drug testing apply to this event. I understand that all USATF events are subject to a drug testing program and that the competitive event may be randomly selected. The signatory hereto further grants full permission to The Fountains shopping center and or agents of them to sue for photographs, videotapes, motion pictures or recordings of any kind or nature foreseen, known or unknown.

Signature of Participant _____ Date: _____

Signature of Parent or Guardian if Under 18:

_____ Date: _____