WARD PARKWAY THANKSGIVING DAY RUN & WALK

Thursday November 23, 2017

Name: _____
First Last

Date of Birth: _____ /_____ /_____ Gender (circle): Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Team name (if applicable): _____

Shirt Size (circle): Unisex XS S M L XL 2XL Youth S M L

Fun Run Kids do not receive a shirt or pie. Shirts are not guaranteed for registrations after, Nov 6th.

	10/24-11/20	11/21-11/23
5K Run/Walk	$34	$39
5K Team of 4 (per runner)	$32	$37
10K	$44	$49
10K Team of 4 (per runner)	$42	$47
Kids Fun Run	$12	$15
	Total	_____

Make Checks Payable to:
Race Day Events
208 W 79th St
Kansas City, MO 64114

Amount Enclosed: $ _____

Waiver: I know that running is a potentially hazardous activity. I should not enter or run in this event 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 run. I assume all risks associated with running in this race including, but not limited to, falls contact with other participants, the effects of weather including high heat and or humidity, the condition of the road and traffic on the course. All potential risks are 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 the Ward Parkway Thanksgiving Day Run, the Ward Parkway Center, RaceDay Timing Solutions, all sponsors, their representatives and successor from all claims of liabilities of any kind, including any claims arising out of negligence of aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature_____Date_____

(Signature of parent of guardian if under 18)

Please use a separate form for each entrant.