

## Thursday November 22, 2018 10K 8:35AM | 5K 9:00AM

Name:										
First				Last						
Date of Birth: / /				Gender (circle):			Male Female		nale	
Address:										
City:			:	State:			Zip:			
Phone:			Email:							
Team name (if applicable):										
Shirt Size (circle): Unisex	XS	S	Μ	L	XL	2XL	Youth	n S	M	L
	Thru 10/22			10/23-11/19			11/20-11/22			
<b>5K</b> Run/Walk	\$29			\$34			\$39			
5K Team of 4+ (per runner)	\$27			\$32			\$37	7		
10K		\$39			\$44		\$49	)		
10K Team of 4+ (per runner)	\$37				\$42		\$47			
Tiny Turkey Trot	\$12			\$12			\$15			
				Total						

Amount Enclos	sed: \$
Make Checks Payable to:	
Race Day Events 208 W 79 <sup>th</sup> St Kansas City, MO 64114	
Waiver: I know that running is a potentially hazardous activity. I should not enter or run in this event us agree to abide by any decision of a race official relative to my ability to safely complete the run. I assincluding, but not limited to, falls contact with other participants, the effects of weather including his and traffic on the course. All potential risks are known and appreciated by me. Having read this waive your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and reward Parkway Center, RaceDay Timing Solutions, all sponsors, their representatives and successor from claims arising out of negligence of aforementioned parties, arising out of my participation in this even any photographs, motion pictures, recording, or any other record of this event for any legitimate purp	nume all risks associated with running in this race gh heat and or humidity, the condition of the road or and knowing these facts, and in consideration of elease the Ward Parkway Thanksgiving Day Run, the nall claims of liabilities of any kind, including any t. I grant permission to all of the foregoing to use
Signature	Date
(Signature of parent of guardian if under 18)	

Please use a separate form for each entrant.