

# THANKSGIVING DAY RUN

Thursday, Nov 28<sup>th</sup>, 2019

Name \_\_\_\_\_  
First Last

Age on Race day \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (circle) Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Team Name \_\_\_\_\_

Choose a size:

**Youth XS S M L Adult XS S M L XL XXL**

(No guarantee after 10/28)

	<b>Until 10/26</b>	<b>10/27-11/25</b>	<b>11/26-11/28</b>
<b>5K</b>	\$29	\$34	\$39
<b>5K Team of 4 (per runner)</b>	\$27	\$32	\$37
<b>10K</b>	\$39	\$44	\$49
<b>10K Team of 4 (per runner)</b>	\$37	\$42	\$47
<b>Kids Fun Run</b>	\$12	\$12	\$15
		<b>Total</b>	_____

Register online at [KCPieRun.com](http://KCPieRun.com)

Make checks payable to: Race Day Events

Total Amount \$ \_\_\_\_\_

## Event Waiver:

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 Ward Parkway Thanksgiving Day Run, the Ward Parkway Center, Garry Gribbles Running Sports, RaceDay Timing Solutions, all sponsors, their representatives and successors 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 or guardian if under 18)

Mail to: RaceDay Events, 208 W 79<sup>th</sup> Street, Kansas City, MO 64114

Please use a separate form for each registration.