

Sock it to Cancer 5K Registration Form
Saturday, August 8 at 7:30 am
(one form per person)

Circle event: 5K Individual 5K Team

Name _____

Address _____

City/ST/Zip _____

Phone _____ **Email** _____

Team name _____

CIRCLE ONE: Male Female **AGE** (on race day 8/8/15) _____

Shirt size (Circle One) **5K** YM YL S M L XL 2XL

Shoe size _____

ENTRY FEES	5K Individual	5K Team
Through 6/14	\$25	\$22
6/15 - 7/26	\$30	\$26
7/27 - 8/7	\$35	\$30
8/8	\$40	\$40

Total enclosed \$ _____

Waiver: As an entrant in the Sock it to Cancer 5K, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold the Lee's Summit, MO, KC Running Company, volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. I understand there are no refunds and that KC Running Company reserves the right to cancel the event for weather related reasons at its sole discretion. I grant permission for any and all of the forgoing to use any photographs, videotapes or recordings or any other record of this event for any purpose whatsoever.

Signature _____ **Date** _____

(Parent's signature required if participant is a minor)

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

KC Running Company
PO Box 481843
Kansas City, MO 64145