

2019 Get Your Rear in Gear - Wichita Registration Form

- 5K run 5K youth run (12 and under)
 5K walk 5K youth walk (12 and under)
 1-mile run 1-mile youth run

BIB #

(official use only)

Gender: Female Male I am a colon cancer survivor

First Name / MI / Last Name: _____

Email: _____

Street Address: _____

City, State/Province, Zip/Postal Code: _____

Birthdate: month _____ day _____ year _____ Age (race day): _____

I am a member of Team _____

T-Shirt Size: Youth-XS Youth-S Youth-M Youth-L
 Adult - XS Adult - S Adult -M Adult - L Adult -XL Adult -XXL Adult -XXXL

WAIVER MUST BE READ AND SIGNED WITH ENTRY

WAIVER & RELEASE: READ THIS! I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk 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/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including extreme cold, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Colon Cancer Coalition, the City of Wichita, Farm & Art Market Plaza and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

Print Full Name: _____

Signature (Parent or Legal Guardian if under 18): _____ Date: _____

Race Day Registration: Adult 5K Run/Walk: \$35, 1-mile Run: \$30
Youth (12 and under) 5K Run/Walk or Youth 1-mile Run: \$15

Registration fee \$ _____ Check number: _____

I would like to donate \$ _____ Cash Square: _____
Email required for receipt *Race day only - Last 4 digits of credit card*

Total Amount \$ _____

ENTRY FEES ARE NON-REFUNDABLE.

*Entry fee is not tax deductible; donations are deductible to the fullest extent allowed by law.
Mail advance registrations to: Colon Cancer Coalition, 5666 Lincoln Dr., Suite 270, Edina, MN 55436*