

# 2026 Run Walk Rock Registration Form



This is a charitable event. Entry fees are non-refundable. Please make checks payable to Lory's Place.  
(Please print, and complete all blanks, one participant per form)

**Event Date:** Saturday, May 16, 2026

**Choose an Event:**  5K Run  5K Walk

**Gender:**  Female  Male

**Age:** \_\_\_\_\_

**First/Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**T-Shirt Size:**

YL  Small  Medium  Large  X-Large  2X-Large  no shirt

**Group Name**(if applicable): \_\_\_\_\_

**School Name**(if applicable): \_\_\_\_\_

Families or groups of four or more receive \$5 off each registration until May 13.

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#### **5K Run/Walk Race Registration Fees:**

**January 30 to February 2** ..... \$20 \_\_\_\_\_

**February 3 to March 31** ..... \$25 \_\_\_\_\_

**April 1 to April 17** ..... \$30 \_\_\_\_\_

**April 18 to May 14**(not guaranteed a shirt) ..... \$35 \_\_\_\_\_

**May 15 to May 16**(not guaranteed a shirt) ..... \$40 \_\_\_\_\_

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In consideration for acceptance of this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the event director, RunSignup.com, its agents assisting with the event, sponsors, sponsor's representatives and employees, Lory's Place employees, management, the City of St. Joseph, The Whirlpool Corporation and their representatives, successors, and assigns for any and all injuries or illness which may result directly or indirectly from my participation in the Run, Walk, Walk event and related activities. This release includes any and all injuries or damages suffered by me before, during or after the event. I further state that I am in proper physical condition to participate in this event. I authorize Lory's Place to use any photographs, personal narratives, interviews, audio and/or video recording of my participation in any Lory's Place event for any and all purposes.

I certify as a material condition to me being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian acknowledges for all children under 18 years) having read and agree to the above waiver.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_