

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.

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 _____

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:** _____