

Bib # _____



**Registration Form
Sunday, September 25 at 9:00AM
Liberty Memorial
Kansas City, MO**

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

Age on Race Day _____

Shirt size Adult Cotton Shirt (Unisex) S M L XL XXL (Circle One)

	5K	Team of 4 or More Rate
Packet Pick Up & Race day	\$36	\$32

Total enclosed \$ _____

Waiver: As an entrant in the WHFV 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 City of Kansas City, KC Running Company, Liberty Memorial, 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 that 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 _____

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

Date _____

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

**KC Running Company
411 E. 135th Street
Kansas City, MO 64145**