



CANCER COUNCIL
of ELLIS COUNTY
Your Local Cancer Support Agency

hit the
BRICKS
5th annual
2017 5K

saturday morning
July 22, 2017

10th and Fort Streets
Downtown Hays

registration

6:15 a.m. - 6:45 a.m.

run/walk

7:00 a.m.

register by
July 10
to receive a race t-shirt!



All Race Proceeds Benefit

REGISTRATION

FEES (NON-REFUNDABLE)

\$20 per person if recieved before July 17th

\$25 per person on the day of the race

Shirts are only guaranteed for participants pre-registered by July 10, 2017.

CANCER COUNCIL
of ELLIS COUNTY
Your Local Cancer Support Agency

cancercouncilofelliscounty.com

Race-day registration is available from 6:15-6:45 a.m. at the check-in table, 10th and Fort Streets in downtown Hays.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age (on day of race): _____ Gender Male Female:

T-Shirt Size: Adult S M L XL XXL Youth S M L **Must Pre-Register by 7/10/2017 to receive a t-shirt.**

Race Application Waiver: I know running/walking a road race is a potentially hazardous activity. I should not enter 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 event. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity; 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 your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Hays and all volunteers, sponsors and professionals associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of my negligence or carelessness on the part of the person named in this waiver.

Signature: _____ Date: _____

Parent's Signature (if under 18 years of age): _____

Please make checks payable to Cancer Council of Ellis County. **MAIL TO: CCEC, 701 RILEY, HAYS, KS 67601**