

Vets & Pets 5k BIB # _____

Registration Form
Saturday, November 4 at 10:00 am

5K Individual

5K Team

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

CIRCLE ONE: Male Female

AGE (on race day 11/4/17) _____

Shirt size (Circle One) 5K Adult: S M L XL XXL

ENTRY FEES	5K Individual	5K Team
Through 11/4/17	\$30	\$27

Total enclosed \$ _____

Waiver: As an entrant in the Vets & Pets 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 Lenexa, KS, TopSpeed Training and Conditioning, Shawnee Mission Parks & Recreation District, KC Running Company, 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 there are no refunds and that Vets & Pets 5K 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 _____ **Date** _____

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

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

Joseph Potts
Event Coordinator

411 E. 135th Street
Kansas City, MO 64145