

John Glaser Memorial 5K Registration Form

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

CIRCLE ONE: Male Female

AGE ON RACE DAY (10/08/2011) _____

SHIRT SIZE (Circle One): Youth: M L Adult: XS S M L XL XXL

ENTRY FEES

5K Run

Kid's Run

By August 15

\$20

By October 1

\$5

August 16-October 7

\$25

After October 1

\$10

October 8

\$30

Total enclosed \$ _____

(Registration fees will not be refunded under any circumstances)

Waiver: As an entrant in the John Glaser Memorial 5K Run/Walk, 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 harmless the City of Shawnee, Kansas, KC Running Company, the owners of any facilities used for the event or parking for the event, volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. 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 JOHN GLASER MEMORIAL FUND AND MAIL
COMPLETED ENTRY FORM TO:**

KC Running Company
3879 West 95th Street
Leawood, KS 66206