



Name: \_\_\_\_\_  
 First Last

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size (circle): Men's S M L XL 2XL Women's S M L XL Youth S M L

*Shirt/size not guaranteed for registrations after, June 4<sup>th</sup>.*

Pricing	Through 6/4	6/5-7/2	7/3-7/4
<b>4 Mile</b>	<b>\$34</b>	<b>\$38</b>	<b>\$42</b>
<b>4 Mile -Team of 4+</b>	<b>\$30</b>	<b>\$34</b>	<b>\$38</b>
<b>Kids Fun Run</b>	<b>\$12</b>	<b>\$12</b>	<b>\$16</b>
<b>Virtual Race</b>	<b>\$34</b>	<b>\$38</b>	<b>\$42</b>
<b>1 Mile Walk</b>	<b>\$28</b>	<b>\$32</b>	<b>\$36</b>

Team name (if applicable): \_\_\_\_\_

Make Checks Payable and Mail to:

Race Day Events  
 208 W 79<sup>th</sup> St  
 Kansas City, MO 64114

Amount enclosed: \$ \_\_\_\_\_

Waiver: I know that running is a potentially hazardous activity. I should not enter or run in this event 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 run. I assume all risks associated with running in this race including, but not limited to, falls contact with other participants, the effects of weather including high heat and or humidity, the condition of the road and traffic on the course. All potential risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Ward Parkway Four on the 4th, the Ward Parkway Center, Garry Gribbles Running Sports, RaceDay Timing Solutions, all sponsors, their representatives and successor from all claims of liabilities of any kind, including any claims arising out of negligence of aforementioned parties, arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent of guardian if under 18)

**Please use a separate form for each entrant.**