



FATHER'S DAY RUN 2017

REGISTRATION

5K Walk Run **OR** 10K Run

Name: _____ Gender: _____ Date of Birth: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

Additional Names:

Name: _____ Age: _____ Gender: _____ 5K/10K: _____

Name: _____ Age: _____ Gender: _____ 5K/10K: _____

Name: _____ Age: _____ Gender: _____ 5K/10K: _____

Name: _____ Age: _____ Gender: _____ 5K/10K: _____

of T-shirts (1 per participant): Kids L____ Adult S____ Adult M____ Adult L____ Adult XL____ Adult XXL____



Make a Donation:

The Father's Day Run supports Village Shalom's programs and services for individuals and their families confronting **Alzheimer's Disease**.

\$100 \$50 \$25 Other amount \$ _____

Please use the following name in recognizing this contribution: _____

All donations are tax deductible; donors will receive a letter of charitable contribution from Village Shalom.

Payment Information:

Total Amount \$ _____

MasterCard Visa Card # _____ Exp. Date ____ / ____

Check: Please make payable to **Village Shalom** **Cash**

WAIVER: I know that running in a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection will be provided, there will be traffic on the course. I assume the risk of running in/with traffic. I will also assume any and all other risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of weather and the conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, my executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive my right to assert any claims for which such waiver is valid in Kansas; further, I release, and discharge any and all sponsors, including but not limited to Village Shalom, Inc., the staff of Village Shalom, the City of Overland Park, the Overland Park Police, their respective agents, directors, employees, assigns, or anyone acting for or on behalf of any of them, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseeable, known or unknown. Minor participants (under 18 years of age) will be accepted ONLY with signature of parent/guardian.

PARTICIPANT SIGNATURE (REQUIRED): _____ (Parent or Guardian signature for child under 18 years of age) _____ (Date)