



Knockout Childhood Cancer 5K September 14, 2019



Registration at 9:00am Walk/Run Starting Time: 10:00am

- Location:** THE ROOK PUB, 2450 E. 71st Street, Indianapolis, IN 46220
- Course:** Paved roads leading over to beautiful White River and circling back over to Pub
- Registration:** Early registration must be received by 8/23/2019 (see below)
Late registration and packet pick-up at The Rook Pub, Thursday Sept. 12 at 4:00-7:00
Late registration also available day of race – *please note Early Registration guarantees you a T-Shirt – Late Registration, is not guaranteed.*
- Entry Fee:** \$25.00
- Facilities:** The Rook Pub will be open privately for participants of all ages prior to the race until noon.
There will be a water stop/bathroom opportunity mid-way – WRYC.
- Team Challenge:** We challenge each of you to create a team. The team with the most members will get an award and have your team pictures on our web page and Facebook as Knockout Childhood Cancer Team of the year. Come up with a fun name and costumes!
- Completion:** In parking lot of Pub – Beverages, Snacks & Awards
- Send Entries To:** 1526 Ruth Dr. Indianapolis, IN 46240 or drop off at The Rook Pub
PLEASE MAKE CHECKS PAYABLE TO: Knockout Childhood Cancer, Inc.
- Information:** knockoutchildhoodcancer5k@gmail.com
- Register On-Line:** knockoutchildhoodcancer5K.org
- Mobile:** (317) 644-9909

Please detach and mail the entry form along with a check to above referenced address.
Make Checks Payable To: Knockout Childhood Cancer, Inc.

Last Name: _____ First _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

T-shirt size: (Circle) Adult: S M L XL XXL

I know running a road race is a potentially hazardous activity. I should not enter unless I am properly trained. I assume all risks associated with participating in this event. I have read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release The Rook Pub, KnockOut Childhood Cancer Inc., all sponsors, all volunteers, the Indiana Department of Transportation their representatives and successors, from all claims or liabilities of any kind arising out of negligence or carelessness on part of the persons named in this waiver.

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

If you have any questions please contact knockoutchildhoodcancer5k@gmail.com