**Breast Cancer Awareness 5K**



**Fun Run, Walk, or Team Effort**

*Come on out, have some fun and help us raise money for Breast Cancer Awareness*

**Sunday October 20th, 2019**

**Registration 2:00- 2:55 pm**

**Race begins at 3:00 pm**

**Meade District Hospital Parking Lot**

**510 E. Carthage, Meade, KS 67864**

**Open to ALL ages!**

*(The run can be split up between team members, however you choose)*

**Entry Fee- $25 per person or $30 per team** *(Includes 1 free shirt)*

**Late entries through race day!** *(Bring your form and money to the race by 2:30 p.m.)*

**Name or Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt size *(circle one)*** Youth- S M L Adult- S M L XL 2XL

*Purchase extra shirts for $15 each! Write down the shirt sizes* below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return your form and payment to Meade District Hospital 510 E Carthage/PO Box 820 Meade Ks***

***by October 12th to receive a shirt.***

***For any questions call LaDonna Trujillo at 620-873-7589***

ONE ENTRY PER APPLICATION- WAIVER OF LIABILITY

I know that running/walking a road race is a potentially hazardous activity. I should not enter 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 event. I assume all risks associated with this event including, but not limited to falls,

contact with other participants, the effects of weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in considerations of you accepting my entry, I, for myself and anyone entitled to act on my behalf; waive and release Meade District Hospital, and all volunteers associated with this event for all claims or liabilities of any kind arising out of my participation in this event even through that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

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