DACE	REGISTRA	TION
RACE	REGIJIKA	

One entry form per runner. Registration fee includes Runner shirt. Submit form by September 15 to guarantee shirt size availability! Name: _____ Address: _____ City/State/Zip: _____ Phone: Age on Race Day: ______ Gender: 🗌 Male 🗌 Female. l am participating in the: \Box 5K \Box 10K I am on a team: Yes No Team Name: **Runner Shirt Size:** • SWFTR Discount \$5.00 NS NM NL • Team Discount \$5.00 XL XXL XXL • Max Discount Applied \$5.00 \$35.00/Runner \$ Vouth Small SWFTR Discount \$ ☐ Youth Medium Team Discount \$ ☐ Youth Large Total \$

RELEASE & WAIVER

I know that running 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 is provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks inherent with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity and the condition of the roads, all such risks being known and appreciated by me. I agree to abide by all decisions of the race officials relative to my ability to safely complete this race. I agree not to wear headsets during the race. I am entering this event at my own risk and assume all responsibility for injuries I may incur as a direct or indirect result of my participation. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and to waive, release and discharge Leave a Legacy Foundation, Garden City Kansas, Finney County Sheriff's Department, City of Garden City, including police for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event through that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the sponsors and/or agents authorized by them to use any photographs, videotape, motion pictures, recordings, or any other record of this event for any purpose. By signature below I acknowledge that I have read the above and foregoing and acknowledge my understanding of the same.



On March 16, 2007, the Leave a Legacy Foundation was created to honor the life of our dear friend Laura and to strengthen the cancer resources in southwest Kansas. Laura died at the tender age of 30 after a six year battle with brain cancer. She walked through it all with such beauty and grace, and always with a wink and smile on her face!

Join us the first Saturday in October and run to remember those lost to cancer and honor those who continue their fight. The Legacy Run continues to be one of southwest Kansas' premier races.

SCHEDULE OF EVENTS

Oct. 4, 2019

5:00 - 8:00 PM Registration & Runner Bag Pickup (Heartland Cancer Center, 410 E. Spruce, Garden City, KS)

Oct. 5, 2019 @ Heartland Cancer Center 7:00 - 8:00 AM Registration 8:30 AM 5K Race & 10K Race 9:00 AM Heartland Cancer Center Pancake Feed 10:00 AM Kids Fun Run

Both Races are USA Track & Field Certified Spirit 5K: KS17008TJD Legacy 10K: KS17007TJD



SPIRIT RUN

LEGACY RUN





OCT. 5, 2019

Signature of Runner

Date:

visit whodoyourunfor.org



Register online at: whodoyourunfor.org

WHO DO YOU RUN FOR?

We all know someone whose life has been touched by cancer... a mother, father, family member or friend. Choose to honor that person by supporting the Leave a Legacy Foundation and make a difference in the resources available to those in southwest Kansas. Help us paint the town in honor or memory of your loved one. Leave a Legacy Foundation yard signs will be available for delivery beginning on September 5, 2019 and will be picked up and displayed along the Leave a Legacy Race Course on October 5, 2019. Your support of Leave a Legacy Foundation helps bring cutting edge cancer treatments to the residents of this area. Signs are available for \$35 (delivery) or \$25 pick up from St. Catherine Hospital Marketing Department. Signs only available for delivery in Garden City/Holcomb area.



HELP US FILL THE FRIDGE

Leave a Legacy volunteers purchase snacks and water for the patients and their families and friends to enjoy while either waiting for treatments or receiving treatments at Heartland Cancer Center. Some patients are at the center for hours each visit and these refreshments make this experience a little less difficult for them.

COUNT ME IN TO HELP PAINT THE TOWN PINK!

Your Name:	
Name on Sign:	
Address:	
Phone:	
🗆 Pickup (\$25)	🗆 Delivery (\$35)



MY DONATION TO FILL THE FRIDGE

□\$25	□ \$75
□\$50	□ \$100

Other Amount:_____

My donation is:

In Honor of _____

In Memory of _

Please make payment to: Leave a Legacy Foundation PO Box 734, Garden City, KS 67846