



1st Annual "Run, Baby, Run," 10K Run/Walk

Saturday, April 18, 2020

Registration begins at 7:30 a.m. - Run/Walk starts at 8:30 a.m.

Course: The race will start and finish at Liberal Recreation Youth Center, 7th and Calhoun, Liberal, Kansas (Free t-shirt with paid registration *by* April 1, 2020)

Registration:

10 K	\$45 Adult and Youth (13 and up)
5 K	\$25 Adult and Youth (13 and up)
1 Mile	\$10 Adult and Youth (13 and up)
Children:	Age 6 and under: FREE
	Age 7-12: \$10

Awards: Medals will be awarded to 5k and 10k finishers.

Race Director: Amanda Schwab Phone: (620) 629-3627 Email: lifedecorator@yahoo.com

*Cut out & mail official entry form with payment to:
Grace Place Pregnancy Care Center, Run, Baby, Run,
Attn: Amanda Schwab
P.O. Box 116
Liberal, KS 67905*

Please make checks payable to: GPPCC

OFFICIAL ENTRY FORM- GPPCC Run, Baby, Run, 10K RUN/WALK

Last name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Day Phone (include area code) _____

Age on Race Day _____ Date of Birth _____ Male _____ Female _____

Check one: 1mile Run/Walk _____ 5kRun/Walk _____ 10K Run/Walk _____

T-Shirt Size (Circle one): S M L XL XXL Youth S Youth M Youth L

Grace Place Pregnancy Care Center "Run, Baby, Run," 10K Run/Walk April 18, 2020, 8:30 a.m.

Assumption of Risk, Release, and Permission:

In consideration of being allowed to participate in the Grace Place Pregnancy Care Center 10K Run/Walk, I hereby assume all risks of personal injury, death, or property loss arising in any way out of my participation, or the participation of my child. I represent that I am physically fit and able to participate in this event, and agree to assume all risks of my participation. I hereby release and agree not to sue Grace Place Pregnancy Care Center, its "Run, Baby, Run," 10K director, volunteers, employees, sponsors and agents, as well as their affiliates, managers, coordinating groups, and entities associated with this event, from or in connection with any and all claims of liability and other claims arising out of my participation in this event. I grant full permission to the organizers of this event to use and publish my name and image as a participant in photographs, videos, and results online and in print for publicity.

Signature

Date

Parent/Guardian Signature (if under 18)

Bib #: _____

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