



Grin & Bear It 5K Run/Walk

September 28, 2019

REGISTRATION FORM

Please complete a separate form for each registrant

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

CIRCLE ONE: Male Female

AGE ON RACE DAY (9/28/19) _____

SHIRT SIZE (Circle One): **Youth:** S M L **Adult:** S M L XL XXL

CIRCLE ONE: 5K – Kids (12 and under) 5K 5K Team

ENTRY FEES	5K Run - Kids (Kids 12 and Under)	5K Run	5K Team Rate (4 or more required)
July 1 – July 31	\$15	\$30	\$27
August 1 – August 31	\$15	\$33	\$30
Sept. 1 – Sept. 27	\$15	\$37	\$33
September 28 (race day)	\$20	\$40	\$40

Team Name (if applicable): _____

Total enclosed \$ _____

Waiver: As an entrant in the Grin and Bear It 5K Run/Walk, I assume complete responsibility for injury to me and/or damage to property which may occur during the event or while I am on the premises of the event. I know that running and/or walking are potentially hazardous activities, and that I should not enter this event unless I am medically able and properly trained. I hereby release and hold harmless Cass Regional Medical Center; Cass Regional Medical Center Foundation; Bodies Race Company; all volunteers and sponsors; and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. I grant permission for any and all of the aforementioned parties to use any photographs, videotapes or recordings or any other record of this event for any purpose whatsoever.

Signature _____ **Date** _____

(Parent's signature required if participant is a minor)

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

Cass Regional Medical Center Foundation • 2800 E. Rock Haven Road • Harrisonville, MO 64701