

# Run to Serve the World 5k – Saturday, June 23, 2018

Location: Evangel Church, 1414 E. 103<sup>rd</sup> Street, KCMO 64131 | Start time: 7pm

## Registrant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Circle: Male or Female Date of Birth: \_\_\_/\_\_\_/\_\_\_

## Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Run to Serve The World 5K, Evangel Church, City of Kansas City, MO, KC Running Company, STW Charities, Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes. I understand that there is no refunds for this event.

Initial: \_\_\_\_\_

## Please mark a t-shirt option:

### Tech Shirt

Adult Small

Adult Medium

Adult Large

Adult XLarge

Adult 2XLarge

### Cotton Shirt

Youth Small

Youth Medium

Youth Large

**Donation**

Would you like to make a donation to Run to Serve The World 5K?

Amount: \_\_\_\_\_ on behalf of \_\_\_\_\_

**Result Notifications**

Enter your information below if you would like to receive notifications when results are posted. For security reasons, you will receive an opt-in message to any phone number you set up. This opt-in message will be sent after registration completion. You must reply "YES" to receive notifications.

Phone (US Numbers Only) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment**

Race Registration Cost: \_\_\_\_\_

Donation Amount: (optional) \_\_\_\_\_

**TOTAL:** \_\_\_\_\_\*

*\*Please note: If paying by credit card, a processing fee of \$3.75 will be added.*

<b>Registration Cost:</b>	
thru 12/31/17	\$25
January – February	\$27
March – April	\$30
May – June 20	\$33
June 21-23	\$36

**Check:** Please make checks payable to **STW Charities.**

**Credit Card:** *\*Please note: if paying by credit card, a processing fee of \$3.75 will be added.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration \_\_\_\_\_

Questions? Contact us! (816.942.1414 or [run@evangelkc.org](mailto:run@evangelkc.org))

Please return your completed registration form to:

STW Charities  
Attn: Chris Buford  
1414 E. 103<sup>rd</sup> Street  
Kansas City, MO 64131