

**2017 Pink Laundry 5K Run/Walk & Kids Fun Run
Registration Form
Sunday, October 1st at 8:00am**

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

CIRCLE ONE: Male Female

Team Name - (minimum of 4) _____

Date of Birth _____ AGE on race day (10/1/2017) _____

Shirt size (Circle One)

Unisex - Small Medium Large XL XXL Youth – XSm Sm Med Lg

| ENTRY FEES | <u>Individual 5K</u> | <u>Team 5k</u> | <u>KIDS RUN (1-8 years)</u> |
|----------------------------------|-----------------------------|-----------------------|------------------------------------|
| April 1 st – June 1st | \$26 | \$23 | \$10 |
| June 2nd – July 15 th | \$29 | \$26 | \$10 |
| July 16th – Sept. 29th | \$33 | \$30 | \$10 |
| Packet Pick up & Race Day | \$35 | N/A | \$10 |

Total enclosed \$ _____

Waiver: As an entrant in the Pink Laundry 5K Run/Walk and Kids Run, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold Summit Fair, Bodies Health & Fitness, volunteers, sponsors and all other persons or groups associated with the event from all liability associated with this event or otherwise. I grant permission for any and all of the forgoing 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 THE STEPHANIE VEST FOUNDATION AND MAIL COMPLETED ENTRY FORM TO:

**The Stephanie Vest Foundation
5704 NE Coral Dr.
Lee's Summit, MO 64064**