

**MFCAA's 5k Run/ Walk Registration Form
2015 – 1st Fun Run/ Walk for Adoption
Race Day: November 15, 2015**

**Time and Location: November 15, 2015 at Zona Rosa Center
8 AM – T-shirt and bib pickup
9AM – Race begins**

FOR ADDITIONAL REGISTRATIONS SIMPLY FILL OUT THE NAME, DATE OF BIRTH, SHIRT SIZE, AND SIGN THE WAIVER.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Date of Birth: _____ Phone: _____

Circle one: Male Female

LET ME RUN SCHOOL

Please circle appropriate gender and size:

Women's: S M L XL XXL

Men's: S M L XL XXL

Race Entry Fee: (All transactions are final)

LET ME RUN PARTICIPANTS/COACHES \$10.00 (does not include race t-shirt) If you wish to purchase a race t-shirt, please include an additional \$8.00. ONLY ADULT SIZES AVAILABLE

LMR FAMILY MEMBERS: \$25.00 per runner until October 23th includes t-shirt. Price is reduced to 20.00 per runner if registering 3+ regularly priced family members. After 10/23/15, the price remains \$25.00, but no t-shirt will be included.

ALL REGISTRATIONS FOR THE LMR group will be done with PAPER FORMS. PLEASE RETURN ALL REGISTRATIONS TO YOUR LMR COACH GROUP BEFORE OCTOBER 22, 2015 or mail to

Heidi McCormick

18101 Dearborn

Stilwell, KS 66085

Questions: heidim@letmerun.org

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Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Midwest Foster Care and Adoption Association, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives 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 also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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. 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 waiver.

FOR ADDITIONAL REGISTRATIONS SIMPLY FILL OUT THE NAME, DATE OF BIRTH, SHIRT SIZE, AND SIGN THE WAIVER.

Print name: _____ Date: _____

Signature of participant: _____

Parent or guardian if under 18: _____

Make Checks Payable to:

Midwest Foster Care & Adoption Association

ALL REGISTRATIONS DUE BY OCTOBER 23, 2015