



Name: _____

Age on race day: _____

Gender: _____

Phone: _____

Email: _____

City: _____

State: _____

Zip: _____

Please Circle Event:

10k team (4 or more)

10k individual

5k team (4 or more)

5k individual

1 mile fun run

Shirt size: YS YM YL XS S M L XL 2XL

Shirt type: Men's Cut _____

Women's Cut _____

Registration Fees:

Race Type	Now-Aug 15	Aug 16-Sept 30	Oct 1-Nov 9	Packet Pick Up/Race Day
10k/5k Individual	\$27	\$32	\$37	\$40
10k/5k Teams (4 or more)	\$22	\$27	\$32	\$35
1 Mile Fun Run	\$14	\$17	\$20	\$25

Please Make Checks Payable to: Open Door Pregnancy Care Center and mail to 315 W. 1st Ave Hutchinson, KS 67501

Waiver and Release:

I know that running/walking a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with the event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. By having read this waiver and knowing these facts and in consideration of your accepting my entry, I waive any and all claims to myself and my heir against officials, volunteers, and/or sponsors of the Open Door Pregnancy Care Center for any injury or illness which may directly or indirectly result from my participation. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or other record of this event for any legitimate purpose.

Sign: _____

Date: _____