



ENTRY FORM

Kent's Run 5K Run & Walk

Benefitting The Leukemia and Lymphoma Society

SATURDAY, MAY 28, 2016 • Valparaiso, IN • 8:00 AM

NO REFUNDS OR TRANSFERS. ONE PARTICIPANT PER FORM. ENTRY FORMS MAY BE PHOTOCOPIED.

5K RUN/WALK ENTRY FEES

No refunds or transfers. Reassignment or selling of registration is not permitted

January 1 – March 24 (must be postmarked by 3/14/16) \$25 \$

March 25 – May 5 (must be postmarked by 4/18/16) \$30 \$

May 6 – May 19 (must be postmarked by 5/9/16) \$35 \$

Packet Pick-Up on Race Day May 28 \$40 \$

DONATIONS FOR KENT'S RUN

Kent's Run was established to raise money for The Leukemia & Lymphoma Society and to honor the life of Kent Ribordy, a Boone Grove High School student/athlete who passed away in June 2007 from Leukemia.

\$5 \$

\$10 \$

\$25 \$

Other \$

TOTAL

WAIVER & RELEASE FROM LIABILITY

I know that running and walking in 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 run or walk. I also know that while police protection will be provided, there may be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, the effects of the weather (including extreme cold, snow and ice), traffic, and the conditions on the road with all such risks being known and appreciated by me. Knowing these facts, and in consideration of my accepted entry, I for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE and DISCHARGE: Porter Township School Corporation, volunteers, Vision Event Management LLC, NWI Striders, Dan & Pam Ribordy their representatives, successors, or assigns from ANY AND ALL claims or liabilities, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of, my participation in this event. I further grant full permission to the event coordinators and volunteers and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, or other record of the event for any reasonable purpose. I understand that my entry is non-refundable.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GAURDIAN (if participant is under 18 years of age) _____ DATE _____

WAIVER MUST BE SIGNED

FIRST NAME LAST NAME

GENDER: M F BIRTHDAY: MO DAY YEAR

EMAIL DAYTIME PHONE () -

STREET ADDRESS

CITY STATE COUNTRY ZIP or POSTAL CODE

RACE DAY EMERGENCY CONTACT NAME RACE DAY EMERGENCY CONTACT PHONE () -

AWARD CATAGORY (optional):

Athena (females 150 lbs. +):
 Clydesdale (males 190 lbs. +):

SHORT SLEEVE COTTON SHIRT SIZE:

ADULTS: S M L XL XXL
 KIDS: YOUTH S YOUTH M YOUTH L

PAYMENT

Check Cash CHECK NUMBER: _____

Complete and enclose this entry form in an envelope with payment. Please make check or money order payable to Kent's Run.

Mail To:
Kent's Run
16851 Southpark Dr. Ste 100
Westfield, IN 46074

Please do not staple or tape your payment to your entry form
Register online at KentsRun.com