

# 2018 RACE 4 FREEDOM 5K REGISTRATION

Name: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Age (*as of 9-8-18*): \_\_\_\_\_ Gender: M F

T-Shirt Size: S M L XL XXL(+\$2) XXXL(+\$2)

Youth Size: S M L

## REGISTRATION

- Youth Registration - \$12 per participant  
*For children ages 12 & under*
- Team Participant - \$22 per participant  
*Register with SPEEA by **Aug. 20, 2018***

To get this special price, you must register through SPEEA.

Team Name: BECAUSE PEOPLE MATTER

Team Captain: Mark Gayer

Contact: SPEEA

SPEEA USE ONLY SPIRIT ID# _____
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- YES! I would like to upgrade to a technical (dry fit) tank top (\$12 Additional – while supplies last!)  
Registration must be returned to SPEEA by Aug. 20, 2018
- YES! I would like to help by donating \$ \_\_\_\_\_

**AMOUNT ENCLOSED \$** \_\_\_\_\_

*Make checks payable to ICT S.O.S.*

I know that running/walking a road race is a potentially dangerous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision by 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 affect of weather (including high heat and/or humidity), traffic and the conditions of the road, all such risks being knows and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I and anyone entitled to act on my behalf, waive and release the City of Wichita, Sedgwick County, USTAF and all volunteers, sponsors and professionals associated with the event from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Return form to: SPEEA 4621 E 47<sup>th</sup> St. S., Wichita, KS 67210**

