

RACE 4 FREEDOM 5K: REGISTRATION

Name: _____

Address: _____

City/State: _____ Zip: _____

Email: _____

Cell Phone: _____

Age (as of 9-12-26) ____ DOB _____ Gender: M F

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

Youth Size: S M L

REGISTRATION

☐ Youth Registration \$15 per participant
For children ages 12 & under

☐ Family Fun Run \$30 per participant

☐ Adult Participant \$40 per participant

☐ Virtual 5K.....\$35 per participant

Register with SPEEA by August 13, 2026

Team Name: BECAUSE PEOPLE MATTER

☐ 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 effect of weather (including high heat and/or humidity), traffic and the conditions of the road, all such risks being known 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 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 and check to Vicki at SPEEA
4621 E. 47th St. S., Wichita, KS 67210
by Aug. 13, 2026**