

**I Am Able 5K Run/Walk**  
**April 22, 2018 at 10 AM**  
 Registration Form (one person per form)

Circle Event:            5K                      Fun Run (12 yr & under and participants with disabilities)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Gender: \_\_\_\_\_

T-Shirt size (Circle One)            Adult:            S            M            L            XL            XXL (\$2 extra)

Entry fees

5K

Fun Run

<b>Through 4/20</b>	<b>\$20</b>	<b>\$10</b>
<b>4/21 (Packet Pickup)</b>	<b>\$25</b>	<b>\$10</b>
<b>4/22 (Day of Race)</b>	<b>\$27</b>	<b>\$12</b>

Total Enclosed \$ \_\_\_\_\_

Waiver: As an entrant in the I Am Able 5K Run/Walk & Fun Run, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold the City of Kirksville, MO, Truman State University, race directors (Farrand & Wisness), volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. I understand that there are no refunds and recognize all money will be donated to the Greenwood Renovation Fund for future renovation. I understand hosts (Farrand & Wisness) reserves the right to cancel the event for weather related reasoning at its sole discretion. I grant permission for any and all of the foregoing to use photographs, videotapes, recordings, or any other record of this event for any purpose.

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

(Parent's signature required if participant is a minor)

**MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:**

Truman State University  
 Health and Exercise Science Offices - Dr. Janice Clark  
 100 E. Normal St.  
 Kirksville, MO 63501

OR EMAIL COMPLETED FORM TO: mff3526@truman.edu