



Jared Coones Memorial Pumpkin 5K Run/Walk

Saturday,
October 3
8:00 AM



17th Annual Jared Coones Memorial Pumpkin 5K Run/Walk

October 3, 2015
8:00 a.m.

Black Bob Elementary School
Olathe, Kansas

For more information, check the website at **pumpkinrunwalk.org**
or call the race information line at (913) 909-3406.

• Walkers with strollers are welcome •

Detach form and return with check. One Form Per Person. Entry form may be photocopied.

17th Annual Jared Coones Memorial Pumpkin 5K Run/Walk

First Name _____	Last Name _____	Birth Date _____
Address _____		
City/State/Zip _____	Gender	Male Female
Daytime Phone _____	Evening Phone _____	E-Mail Address _____
School Name: _____		

Fee Information

Race day entries cannot be guaranteed a T-Shirt.

Fee includes T-shirt/ (circle one) Adult sizes S M L XL XXL Children sizes (circle one) S M L

PLEASE RETURN TO YOUR SCHOOL BY SEPTEMBER 18, 2015.

I am including a tax-deductible donation of \$ _____ to the Jared Coones Memorial Foundation a 501(c)3 non-profit organization. Federal ID #43-1937567.

Release and Waiver (Must Sign to Participate)

I know that running a road race is potentially hazardous activity, which could cause injury or death. I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this 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. I understand that bicycles, skateboards, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive, release, and discharge the Jared Coones Memorial Pumpkin 5K Run/Walk, the Pumpkin Race Planning Committee, the Foundation Board, the City of Olathe including the police department, Olathe Running Club, Black Bob Elementary School, race officials, volunteers and all event sponsors their representatives or anyone acting on their behalf, and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. This Release and Waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. Applications for minors will be accepted only with a parent's signature. (If a parent is signing on behalf of a minor, then the parent agrees to defend and indemnify all persons and entities listed in this Release and Waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this event.)

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Make Checks Payable To:
Jared Coones Pumpkin Run
Return completed form to your school by 9/18/15

\$15/ ENTRY
for students, students' family & school staff