



## Registration Form

### Sunday, November 1st, 2015

**Last Name / First Name**

**Address:**

**City/State/Zipcode:**

**Date of Birth:**

**Phone #:**

**Email:**  **Gender**

RACE	CHECK ONE	2/2-5/4	5/5-8/3	8/4-10/12	10/13-10/31
HALF	<input type="checkbox"/>	\$55	\$60	\$70	\$75
5K	<input type="checkbox"/>	\$35	\$40	\$45	\$50

**Shirt Size:**

<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>XXL</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WAIVER:** As an entrant in the Kansas Half Marathon, 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 Lawrence, KS, Raceday Timing Solutions, Kansas Half Marathon and Health Care Access harmless from any and all liability associated with this event or otherwise. I grant permission for any and all of the foregoing to use any photographs, videotapes, recordings, or any other record of this event for any purpose whatsoever.

**SIGNATURE** \_\_\_\_\_

**[WWW.KANSASHALFMARATHON.COM](http://WWW.KANSASHALFMARATHON.COM)**

**MAKE CHECKS PAYABLE TO KANSAS HALF MARATHON AND MAIL FORM TO:  
KANSAS HALF MARATHON — 330 MAINE ST. — LAWRENCE, KS 66044**