

Kellsie's Hope "Sock It To Cancer"

8th Annual 5K Walk/Run

September 14, 2019 8:00 am



All Proceeds benefit Kellsie's Hope Foundation Fighting Childhood Cancer. "SOCK IT TO CANCER" BY WEARING CRAZY SOCKS AND/OR DONATING SOCKS FOR CHILDREN IN THE AREA HOSPITALS

Event Details

What: 5K Walk/Run or 1 Mile Fun Walk
Where: Drost Park Pavilion 1 - 8 Schiber Ct. Maryville, IL
When: SATURDAY September 14 2019
 Registration begins at 7:00 am
 5K Walk/Run will begin at 8:00 am
 1 Mile Fun Walk will immediately follow

Registration

Entry Fee: \$25 per person by September 5th
 \$30 late entry & on race day
Family Registration: \$80 for family of 4 by September 5th
FEE INCLUDES EVENT T-SHIRT AND FINISHER MEDAL
ONLINE REGISTRATION: www.kellsieshopefoundation.com

Timing is provided by Toolen's Running Start
Awards Ceremony will immediately follow the race. Trophy awarded to top male and female finisher, overall and in each age group: 10 & Under; 11-19; 20-29; 30-39; 40-49; 50-59; 60 & over

Registration Form (Each participant or guardian MUST initial form to agree with waiver)

Contact: _____ Email: _____ Phone: _____
 Address: _____ City/State/Zip: _____

Name	Event (Circle One)	Sex	Age	Birthday	T-Shirt Size	Initial for waiver
	5K Race 1 Mile Walk	M F	_____	___/___/___	Youth: M L XL Adult: S M L XL XXL	
	5K Race 1 Mile Walk	M F	_____	___/___/___	Youth: M L XL Adult: S M L XL XXL	
	5K Race 1 Mile Walk	M F	_____	___/___/___	Youth: M L XL Adult: S M L XL XXL	
	5K Race 1 Mile Walk	M F	_____	___/___/___	Youth: M L XL Adult: S M L XL XXL	

Make Check payable to Kellsie's Hope (may register online or mail this form to PO Box 331 Maryville, IL 62062)

Mandatory Waiver (initial above and sign): I understand running/walking a race is a potentially hazardous activity. I know I should not enter a run/walk unless I am medically able and properly trained. I certify I am medically able and properly trained to perform this event. I assume all risks associated with running/walking this event. Having read this waiver, my signature verifies I understand these facts and that the entry fee is non-refundable. I, for myself and anyone entitled to act on my behalf, waive and release Kellsie's Hope Foundation, Village of Maryville, Madison County, Toolen's Running Start, all other sponsors, and their volunteers, representatives, and successors from all claims or liabilities of any kind arising from my participation in this race. I grant permission to all foregoing to use any photographs, recordings, or any other record of this race for legitimate purposes.

Date _____

Signature of entrant (parent/guardian must sign for minor entrants)