



Saturday, May 8, 2010, 8:00a.m.

www.TrumanRun.org

A Benefit for Nativity of Mary School



2010 Entry Form

Please Print Clearly

One entry per form • Photocopies acceptable • Signature required • No refunds • No runner transfers

Date of birth ____ / ____ / ____ Age on race day ____ Male Female

Name _____

Address _____

City _____ State _____ Zip _____

Day phone (____) _____ Evening phone (____) _____

E-mail _____ Team Name _____

Event T-shirt: Adult Small Medium Large XL XXL
(Check One)

Youth Small Medium Large

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless the Truman Run, Knights of Columbus, Jackson County, Mid-America Running Association, Nativity of Mary School and Parish, and affiliated individuals, any event sponsors and their employees and all other persons or entitled associated with this event from any claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by negligence of the Knights of Columbus, any affiliated individuals or any event sponsors, including any of said parties agents or employees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Knights of Columbus and Nativity of Mary School and Parish and its affiliated to use any photographs, videotapes, or other recordings of me that are made during the course of the event. * (Whiner Rule is as follows) No course record prizes will be offered for an altered course or a cancelled event. Prizes for breaking the course record will be awarded at the discretion of the race director; in the case two men or two women break the course record only the winner will receive the cash prize. No refunds or runner transfers.

ENTRY FORM MUST BE SIGNED TO BE VALID

Signature _____ Date _____

Parent/Guardian Signature (if under the age of 18) _____ Date _____

Online Registration Powered by: www.Active.com

CHECK ONE:

5K Run/Walk

Payment due at the time of registration.

Mail or fax form to:
Knights of Columbus #6794
3328 S. Arrowhead Dr.
Independence, MO 64057
(816) 645-8480 fax: (816) 353-6441

PAYMENT INFORMATION:

\$20 Early Registration (Received on or before April 30, 2010)

\$25 Late Registration (Received after April 30, 2010)

\$10 Youth Registration (14 and under)

Check Enclosed (Payable to **Knights of Columbus #6794**) Credit Card: Visa Mastercard

Card #: _____ Exp Date: _____ Sec. Code: _____

Signature: _____