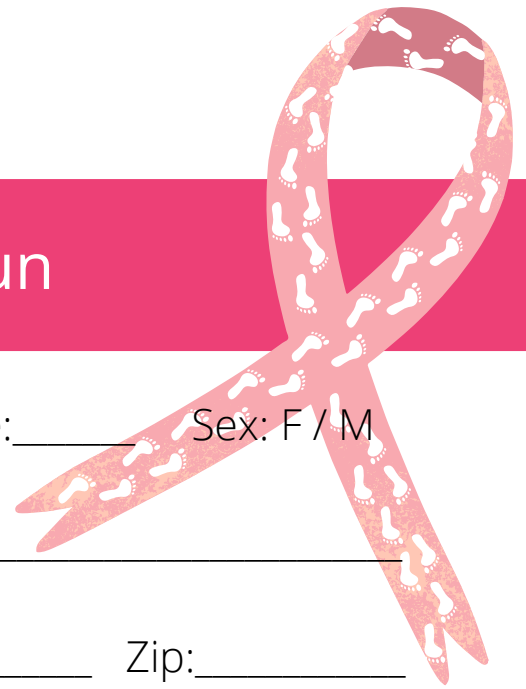


Entry Form

Breast Cancer 5K Walk/Run



Name: _____ Age: _____ Sex: F / M

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Email: _____

I am a Cancer Survivor _____

Emergency Contact:

Name: _____

Phone Number: (____) _____

Signature: _____

Adult Shirt Size:

(please circle)

- S
- M
- L
- XL
- XXL
- XXXL

Total Amount Enclosed: _____

Please make checks payable to:
Goodland Medical Foundation
Please complete form and sign.
Include your entry fee and mail to:
Goodland Regional Medical Center
Attn: Allison Mulch
220 W 2nd St
Goodland, KS 67735

Participant assumption of Risk and Release

Please read and sign the following information: I UNDERSTAND MY ENTRY IS NOT REFUNDABLE. I accept responsibility for the accuracy of the provided information. In consideration of your acceptance of my entry, I _____, intending to be legally bound for myself, and anyone entitled to act on my behalf do hereby release and discharge Goodland Regional Medical Center, Goodland Medical Foundation, contributors, volunteers and organizers from any and all liability arising, illness, injury, and damages I may suffer as a result of my participation in the 5k run/walk. I further grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose. I agree to pay the \$25 donation pre-registration fee or the \$30 donation race day registration fee. I've read the entry information provided and certify my compliance by my signature below. If participant is under 18 years old, I certify by my signature that the child has permission to participate, is in good physical condition and that officials may authorize emergency medical treatment in the event of an injury or illness.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

