

ALL RUNNERS, JOGGERS AND WALKERS ARE INVITED TO PARTICIPATE IN THE SKILLSUSA CHAMPIONS 5K RUN!



DATE, TIME AND PLACE

Date: Friday, June 25, 2010

Length: 5K (3.1 miles)

Time: 9:00 a.m.

Location: Parkville Nature Sanctuary*
12th and East St. on Hwy. 9
Parkville MO 64152

*Transportation from Convention Center to park will be provided

COURSE

The race course will be planned and managed by a Kansas City track coach who is an experienced race manager. The exact course will be announced at a later date once permits are finalized.

ENTRY

\$15 per registration

Limited on-site registration will be available.

The race will be capped at 300 runners.

Mail entry and payment to:

Champions 5K Run
14001 SkillsUSA Way
Leesburg, VA 20176

Make checks payable to: Youth Development Foundation.

Please note on check that it is for the Alumni Fund (5K Race).
No refunds or transfers. Race held rain or shine.

Each registered participant will receive a special SkillsUSA
Champions Run T-shirt.



RACE INFORMATION

Niki Clausen, Race Director

703-737-0639 or nclausen@skillsusa.org

www.skillsusa.org

Look for our Race Registration booth at TECHSPO!

AWARDS

Awards will be presented on site to the top three males and females. The first 300 finishers will receive a SkillsUSA participant medallion.

SPONSOR

IRWIN Industrial Tools



ENTRY FORM

I'M RUNNING AS A: PARTNER PROFESSIONAL STUDENT ALUMNI

PLEASE PROVIDE YOUR PAYMENT WITH REGISTRATION FORM. THANK YOU!

FIRST NAME (PLEASE PRINT): _____ LAST NAME: _____

SCHOOL/COMPANY: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

AGE ON RACE DAY: ____ DATE OF BIRTH: ____/____/____ GENDER: M F SHIRT SIZE: S M L XL

CHECK CREDIT CARD: VISA MASTERCARD CARD NO. _____ EXP. DATE: ____ SIGNATURE: _____

RUNNERS AGREEMENT WAIVER, RELEASE & ACKNOWLEDGMENT: All runners are required to sign the waiver below. Registrations that are not signed will not be processed. I understand that running a road race is a potentially hazardous activity. I should not enter a run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running this event, including, but not limited to falls, contact with other participants, the effects of weather, including, high heat or humidity, sudden storms, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Kansas City, Run, Kansas City, SkillsUSA, the American Association of Running Clubs, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. This is a road race conducted under the rules of RRCA and USATF; it is not intended for individuals with headphones, baby strollers, dogs on leashes, skateboards, skates or rollerblades.

SIGNATURE OF RUNNER: _____ DATE: _____

SKILLSUSA MEMBER:

SIGNATURE OF PARENT/GUARDIAN IF RUNNER IS UNDER 18: _____ DATE: _____

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