

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



DATE, TIME AND PLACE

Date: Wednesday, June 24

Length: 5K (3.1 miles)

Time: 7:00 p.m.

Place: Liberty Memorial Park, Kansas City.

Race begins by the fountain north of tower.

Location info: www.libertymemorialmuseum.org

COURSE

The race course will be planned and managed by the KC Track Club. This is an out-and-back event, starting at the fountain in front of the tower, circling the north lawn and running on adjacent trails (no streets).

ENTRY

\$15 per person (No cash, please)

Mail entry and payment to:

Champions 5K Run

P.O. Box 100532

Atlanta, GA 30384-0532

Make checks payable to:

SkillsUSA Youth Development Foundation

No refunds or transfers. Race held rain or shine.

Each registered participant will receive a Champions Run T-shirt. Other prizes to be announced.

RACE INFORMATION

Karen Perrino, Race Director

703-737-0610 or kperrino@skillsusa.org

www.skillsusa.org

Look for our Race Registration booth at TECHSPO!

AWARDS

The first 300 finishers will receive a SkillsUSA medallion.

Other prizes to be announced.

Sponsored by



SkillsUSA
ALUMNI & FRIENDS
ASSOCIATION

ENTRY FORM

I'M RUNNING AS A: PARTNER PROFESSIONAL STUDENT ALUMNI

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 r F SHIRT SIZE: S r 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 know 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, 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 SkillsUSA, the City of Kansas City, the Kansas City Track Club, American Association of Running Clubs, and 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 and it is not intended for individuals with headphones, baby strollers, dogs on leashes, skateboards, skates or rollerblades.

SIGNATURE OF RUNNER: _____ DATE: _____

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