



**Rock the Crossroads 5K
Registration Form
Saturday, July 25 at 7:30 pm**

5K Registration form (one form per person)

Name _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

Team name _____

CIRCLE ONE: Male Female **AGE** (on race day 7/25/15) _____

Shirt size (Circle One) 5K Youth: S M L
Adult: S M L XL XXL

ENTRY FEES 5K Individual

Registrants 51-150	\$24
Registrants 151-350	\$28
Registrants 351-650	\$32
Registrants 651-950	\$36
After 950	\$40

Total enclosed \$ _____

Waiver: As an entrant in the Rock the Crossroads 5K, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold the City of Kansas City, MO, KC Running Company, Crossroads KC, Grinders, volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. I understand there are no refunds and that KC Running Company reserves the right to cancel the event for weather related reasons at its sole discretion. I grant permission for any and all of the foregoing to use any photographs, videotapes or recordings or any other record of this event for any purpose whatsoever.

Signature _____ **Date** _____

(Parent's signature required if participant is a minor)

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

KC Running Company
PO Box 481843
Kansas City, MO 64145