GOBBLER GRIND

Sunday, November 10, 2019 www.gobblergrindrun.com

Name _____
First Last

Age on Race day _____ Date of Birth _____ Gender (circle) Male Female

Address _____

City _____State _____ Zip_____

Phone _____

Email Address_____

Circle your size XS S M L XL XXL

No guarantee of apparel after 10-18

Circle your race Half Marathon 10K 5K

	Through 5/31	6/1-7/31	8/1-9/30	10/1-11/8	11/9-11/10
Half Marathon	$49	$54	$59	$64	$69
10K	$40	$40	$45	$45	$50
10K Team of 4	$38	$38	$43	$43	$48
5K	$32	$32	$37	$37	$42
5K Team of 4	$30	$30	$35	$30	$40

MUST BE POSTMARKED BY NOVEMBER 4TH or you may bring this form to packet pick up Nov 9th

Make checks payable to: Race Day Events Total Amount $ _____

WAIVER: I know that running is a potentially hazardous activity. I should not enter or run in this event 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 risks associated with running in this race including, but not limited to, falls contact with other participants, the effects of weather including high heat and or humidity, the condition of the road and traffic on the course. All potential risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I , for myself and anyone entitled to act on my behalf, waive and release the Gobbler Grind, RaceDay Events, all sponsors, their representatives and successor from all claims of liabilities of any kind, including any claims arising out of negligence of aforementioned parties, arising out of my participation in this event. I 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.

Signature _____Date_____
(Signature of parent of guardian if under 18)

Mail to: RaceDay Events, 208 W 79th Street, Kansas City, MO 64114

Please use a separate form for each registration.