



The OVERRUN 5K October 20, 2019 @ 8:30 AM
Southcreek Office Park
7200 W. 132nd St. Overland Park, KS
Register online at:
www.OverrunOvarianCancer.com
or by completing this form

Circle One: 5KRun/Walk

1 Mile Teal Trail Walk

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Phone: _____

Email: _____

Shirt Size (Circle One)

Adult: S M L XL XXL(+\$2.00)

Youth: S M L XL

(T-shirts are not guaranteed for packet pick up and race day registrants)

| Entry Fees: | Thru 9/30 | 10/1-10/18 | Raceday/PPU |
|-------------------|-------------------------|------------|-------------|
| Individual 5K | \$30 | \$35 | \$40 |
| Individual 1 Mile | \$25 | \$30 | \$35 |
| Team 5K | \$25 | \$30 | \$35 |
| Team 1 Mile | \$20 | \$25 | \$30 |
| Kids 10 and Under | \$15 any event, anytime | | |

Team Name: _____ (Teams consist of 3 or more participants)

Add a donation to OOCF for \$ _____

Waiver: As an entrant in the OVERRUN Ovarian Cancer 5K and 1 Mile Teal Trail Walk, 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 Overland Park, KS, Bodies Health & Fitness Co., Southcreek Office Park, volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with the event and otherwise. I understand that there are no refunds and that the race organizers reserve the right to cancel the event for weather related reasons at their sole discretion. I grant permission for any and all of the foregoing to use any photographs, videos or recordings or any other record of this event for any purpose whatsoever.

Signature* _____ **Date:** _____

*Parent's Signature Required for Minors

Make checks payable to: OOCF and mail form to: 9121 Lee Blvd. Leawood, KS 66206