

## Saturday, August 24, 8 a.m. Tuttle Creek State Park 5K/10K Race & 1/2 Mile Memorial Run/Walk

**Participant Information** 

Name:		Gender:	M I
Address:			
City, State, Zip:			
Phone:			
E-mail:			
Date of birth:	Age of	n Race Day:	
☐ Yes, I have PD, bu	t it doesn't hav	ve me!	
Specialized t-shirts pro-		with PD (reg	gistration
must be received by 8/9	/24).		
,	D O 4'		
	Race Option		
☐ 10k ~ \$35 pre-regi	stration, \$40 a	fter 8/9/24	
☐ 5k Run/Walk ~ \$3	5 pre-registrat	ion, \$40 afte	er 8/9/24
☐ 1/2 Mile Family M	amorial Dun/	Walls - \$15	
	emoriai Kuii/ v	waik ~ \$13	
Create your TEA	M for the S	peedy PD	Race at
www	v.runsignup	.com!	
T-shirt & De	onation Op	tions (circle	e one)
YS YM S	M	L X	L 2XL
T-shirt not guaranteed	if entry received	l <u>after</u> 8/9/24.	
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I want to make a con \$500 \$250 \$10	0 \$50	\$20 Other	rogram. ·· \$
φ300 φ230 φ10	υ ψου	\$20 Other	. Ψ
Total enclosed: \$			
D.L 0 W.:			
Release & Waiver		4: -11 hd	
I know that participation in a will not enter unless I am mo			
risks associated with particip	oation in this event	including, but n	ot limited to
effects on my health or med			

Signature: (Parent/Guardian If under 18 years old on 8/24/24)

Send completed registration form to: Speedy Pd, 2121 Meadowlark Rd, Manhattan KS 66502 or register online at www.runspeedypd.org

personnel permission to treat my injuries if I am unable to make the decision for myself. Having read this waiver, I for myself and anyone entitled to act on my behalf, waive, release, and covenant not to sue Meadowlark Hills Parkinson Fund, race officials, sponsors, representatives, successors, or assignees from any and all claims or liabilities of any kind arising out of or in connection with my participation in this event. This release and waiver extends to all claims of any kind or nature including but not limited to negli-

gence claims. I also give my permission for the free use of my name and picture in any broadcast, telecast, or print media account for this event.

