



Sabetha Firecracker 5k Run/Walk

presented by Sabetha Community Hospital

Register online with active.com (direct link available at <http://www.runsabetha.com>) or mail completed entry form and check payable to Sabetha Firecracker 5k to: Sabetha Firecracker 5k, c/o Rick Smith, 1317 Lakeview Dr, Sabetha KS 66534

Name _____ E-mail _____

Address _____ City _____ State ____ Zip _____

Phone _____ Age on Race Day _____ Gender (circle one) Male / Female

Unisex T-Shirt (circle one) S M L XL XXL YouthM YouthL Entry Fee \$15 (before June 11) \$20 (after June 11) \$25 (day of race - July 2)

Additional T-Shirts Available (\$10 per shirt, choose quantity) Optional Running Hat (\$10 per hat, choose quantity) _____ hat(s)

S ____ M ____ L ____ XL ____ XXL ____ YouthM ____ YouthL ____

Waiver and Release of Liability Agreement

I know that running is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I also know that some protection is provided but there will be traffic on the course. I assume any and all risk or running in traffic. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of weather, including temperature, and the conditions of the roads, all such risks being appreciated and known by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone who may claim on my behalf, covenant not to sue, waive, release and discharge Rick Smith, the City of Sabetha, Sabetha Community Hospital and all sponsors, their representatives and successors from all claims and liabilities of any kind arising from my participation in this race even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I understand that race management reserves the right to cancel or postpone the event for any reason, and refunds will not be given. I give permission to use any and all photography or video that may be recorded during this event.

Signature _____ Date _____ Parent or Guardian (if under 18) _____



Saturday, July 2 8am
Leman Rec Complex Sabetha, KS
www.runsabetha.com