

Race Registration Form

PARTICIPANT INFORMATION

Name: _____ Gender: Male | Female Date of Birth: ____/____/____
Address: _____ City, State Zip: _____
Email: _____ Phone: _____

RACE INFORMATION

Race Name: _____ Shirt Size: _____ Price: _____
*XXL shirts have an extra \$2 fee
Notes: _____

(Race details like price, shirt, etc are listed on the race website)

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, **Bodies Race Company (dba Bodies Health & Fitness)**, 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 any of these events. 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: _____

Please make checks payable to **Bodies Race Company** & mail completed registrations to:
1100 SE Century Dr Lee's Summit, MO 64081

Office Use Only

Check Number: _____ Amount: _____ Date: _____ Entered in Online Registration: _____