

Bib Number _____

Amount Paid _____



**Going the Distance Run for Brain Injury
Memorial Day Run, Monday, May 29, 2023
Loose Park, 51st & Wornall, K.C., MO**

Use this entry form or
Register and/or Donate ONLINE at www.biarun.org

**SIGNATURE REQUIRED FOR ALL PARTICIPANTS ♦ ONE ENTRY PER FORM
ALL QUESTIONS MUST BE FILLED OUT ♦ PRINT CLEARLY**

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail _____

Age on Race Day: _____ Birthday: _____ Gender (check one) Male Female

- I wish to participate in the 10K Course (6.2 miles) * 8:15 am start time
- I wish to participate in the 5K Course (3.1 miles) * 8:15 am start time
- I wish to participate in the (1.5 miles) *Walk for Thought* (untimed) * 8:30 am start time
- I wish to participate in the Fun4kids event (ages 1-8 years old) * 9:15 am start time
- I wish to participate in a virtual 10K _____; virtual 5K _____; virtual walk _____
- I am at the lake/sleeping in – send me a t-shirt (\$25)

Adult Shirts S ___ M ___ L ___ XL ___ XXL ___ XXXL ___
Youth Shirts S ___ M ___ L ___

Packet Pickup May 27, 10 am-5 pm Fleet Feet- 11908 W 119th St, Overland Park, KS 66213
Race Day registration is located in the Pavilion at Loose Park from 6:30am- 8:00 am.

EVENT	Before 3/31	4/1 – 5/15	5/16 – 5/31
10K	\$35; Military \$30	\$40; Military \$35	\$45 ; Military \$40
5K	\$30; Military \$25	\$35; Military \$30	\$40; Military \$35
Walk for Thought	\$25	\$25	\$25
Fun4kids event	\$5	\$5	\$5
Virtual 10 K	\$35	\$35	\$35
Virtual 5K	\$30	\$30	\$30
Virtual Walk	\$20	\$20	\$20

**No refunds, transfers, or exchanges. Late registrants are not guaranteed a T-shirt and may not be included in race results.*

Make check payable and mail to: Brain Injury Association of KS & GKC or BIAKS
6701 W. 64th St., Suite 120
Overland Park, KS 66202
(913) 754-8883

Assumption of the Risk Release and indemnity on back. **Signature is required.**



Assumption of the Risk Release and Indemnity

- ✓ I knowingly and voluntarily agree to comply with and adhere to all COVID-19-related safety and risk mitigation practices during my attendance and participation in the Event, whether communicated verbally or in writing. Such practices may include, but are not limited to: (i) recognized social distancing practices (i.e. maintaining 6-feet of space between myself and other individuals); (ii) wearing a proper face mask when social distancing cannot be achieved; and (iii) washing hands and/or using hand sanitizer frequently and avoiding touching of the face. I acknowledge and agree that my, or my Ward's, compliance with these safety and mitigation practices is not only for my own benefit but also for the benefit of other Participants and the Releasee parties at the Event. I voluntarily assume the risk that I, on behalf of myself, and, if applicable, my Ward, may be exposed to the novel coronavirus or persons with the COVID-19 disease as a result from a failure to comply with such practices. Further, notwithstanding the foregoing, I agree that I, on behalf of myself or my Ward, will neither attend nor participate in this event if I or my Ward have, within the past 14 days: (i) have a suspected/confirmed case of COVID-19; (ii) experienced any symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath; or (iii) have been in close contact with a person known to have COVID-19 (or any known symptoms thereof).

- ✓ I know that a road race is a potentially hazardous activity. I should not and will not enter and run unless I am medically able and properly trained to do so. I also know that, although police direction will be provided in certain discrete areas of the run, there will be traffic on the course and there will be third-party persons in attendance who are unknown to me or to the releases hereunder over whom the releases have no control. I assume the risk of running in traffic and among strangers. I also assume any and all other risks associated with participating in this event including but not limited to falls, contact with other participants, the effects of the weather and the condition of the roads, all such risks being known and experienced by me.

- ✓ I know that running in an event that is organized as a virtual activity where I run on my own, at a date and time of my choosing, in a location and running route of my choosing, which will not have any support or security measures in place by Race Organizer a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. I will not participate in a virtual event unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19. and agree to follow all pedestrian safety ordinances including running on a sidewalk where available and not in the road. I agree to follow the rules of the road if no sidewalk or multi-use trail is available and I will run against oncoming traffic and not with traffic. I agree to abide by any decision of a race official relative to any aspect of my participation in this virtual event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the virtual race including the terms in this waiver, the timeline of the virtual event, and agree to abide by them. I assume all risks to me associated with running on my own as part of this virtual activity, including but not limited to falls, contact with other pedestrians, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.

Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators and anyone else who might claim through me or on my behalf, agree not to sue, and waive, release and discharge the Brain Injury Association of Kansas and Greater Kansas City, KC Running Co. and any and all sponsors, and any and all directors, officers, employees, agents and volunteers of any of the forgoing from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, in the course of or related in any way to this event or to my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, **and includes claims that arise out of or may arise out of the negligence or recklessness of the persons and entities hereby released.** I also give permission for the free use of my name and or picture in any broadcast, telecast or electronic or print media account of this event for any purpose. Minor applications will be accepted only with a parent's signature. I agree not to use or make available to others to use skateboards, roller blades, bicycles, pets or radio or other types of headsets. I understand that running with baby strollers is not permitted and I agree not to do so. For everyone's safety, walkers only are allowed to push strollers. I agree to indemnify, defend and hold harmless all the persons and entities named above, from and against all claims of every kind or nature whatsoever, **(including claims that arise out of or may arise out of the negligence or recklessness of the persons and entities named above as persons released)** that arise out of or are related in any way to my participation (or the participation of the child for whom I am signing) in this event.

Signature Required for All Participants -Parent or Guardian must sign for participants under age 18 Date _____
Emergency contact name _____ Contact number _____