

Slay Cancer 5K

Saturday, September 19, 2015
Burnsville, MN

More Information: www.solemotionrace.com

Individual

Event Choice: 5K Age on September 19th: Shirt Size: Small Medium Large XL XXL

First Name: Last Name:

Address:

Gender: M F Phone: Email:

Individual

Event Choice: 5K Age on September 19th: Shirt Size: Small Medium Large XL XXL

First Name: Last Name:

Address:

Gender: M F Phone: Email:

Checks Payable To:

SoleMOTION LLC
508 Westwood LN
Chaska, MN 55318

952-797-6412



Register By September 12, 2015

<u>Event</u>	<u>Amount</u>
5K Run/Walk	\$30

Register After September 12, 2015

<u>Event</u>	<u>Amount</u>
5K Run/Walk	\$35

Total Enclosed: \$ _____

Waiver: All runners are required to read and provide your signature to register for the Slay Cancer 5K. In consideration of the acceptance of this registration form, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims, and damages I may have against the Slay Cancer 5K, Complete Family Eyecare, SoleMOTION Race Management, the sponsors, City of Burnsville, Burnsville Parks and Recreation or any individuals associated with said event. None of the above is responsible for neither the loss of items nor any aggravation in connection with said event. I also give permission for the free use of my name and picture in any telecast or print media account of the event. I understand that the Slay Cancer 5K can be physically challenging and will be held in winter conditions. By signing below, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I understand that event fees are non-refundable. If you are under 18 years of age, you must have a parent or legal guardian read and check this box to participate in this event.

Signature: _____ Date: _____

Signature: _____ Date: _____