



S&S DRUG 5K COLOR RUN TO CURE CANCER

REGISTRATION FORM

PLACE: Beloit, Kansas **TIME:** Registration at 7:00 am

Run Starts at 8:00 am in front of S&S Drug,
110 S. Mill Street



COURSE: Begins in front of S&S Drug, goes over the walking bridge to Chautauqua Park and around loop, back to Campbell to 15th Street to Mill and back to S&S Drug.

TIME: Registration at 7:00 am
Run Starts at 8:00 am in front of S&S Drug 110 S. Mill Street

DONATION: Pre-registration is **\$30** (postmarked by May 12)
Children 10 & Under - **\$15**.
Race-Day Registration (or later than May 12) is **\$25** - no shirt.

All proceeds go to **S&S Drug Relay for Life**.

All pre-registrations over the age of 3 will receive a t-shirt.

FOR MORE INFO: Contact Heather Johnson at S&S Drug, 785-738-2287, or email: hjohnson@sandsdrug.com. To Pre-Register (postmarked by May 12, 2014), mail or bring form to S&S Drug, 110 S. Mill or 113 S. Mill, Beloit, Kansas 67420. Make check payable to **S&S Drug Relay for Life** with Color Run to Cure Cancer in memo line.

PACKETS: Race Packets can be picked up starting on Thursday, May 21st at S&S Drug Home Health.

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PLEASE PRINT CLEARLY & FILL OUT
THE REGISTRATION FORM BELOW



CIRCLE SHIRT SIZE: YS YM YL S M L XL 2X 3X

MALE

FEMALE

Print Name: _____

Date of Birth: ____/____/____

Address: _____

email: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Release & Waiver: I know that running is a potentially dangerous activity and that I should not enter this event unless I am medically able and properly trained, and that physical injury, illness and even death may result from risks inherent in this sport. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the roads/trails and traffic on the course. Having read this RELEASE & WAIVER and in consideration of the acceptance of my entry, I, on behalf of myself and my representative and successors in interest, release and agree to indemnify, defend and hold harmless, even though any risks may arise out of negligence or carelessness on their part, S&S DRUG and all sponsors of this event and all agents, employees and representatives of the above, from all claims, suits, liabilities and actions. I grant permission for interested persons to photograph and record my participation in this event for publicity.

Signature: _____

Date: ____/____/____

Must be signed by a parent or guardian if the participant is under the age of 18.

