



Kindred 5K **FUN** Run/Walk

Saturday, August 12, 2017 – 8:00 AM Race Start

Route to be Posted on Kindred Ambulance Facebook Page

Race Day Registration: 7:00 AM to Race Time at the Memorial Building, 131 Linden Street, with parking available in the Kindred Elementary School Parking Lot

Fees:

\$10/person

\$40/family – immediate family only

Entry Fees: Make checks payable to **Kindred Ambulance**. All proceeds will go to the Kindred Ambulance.

ROLLER BLADES, BIKES, and STROLLERS welcome.

\$\$\$CASH\$\$\$ AWARDS: To overall top 3 Male and Female winners.

SNACKS and REFRESHMENTS AVAILABLE THE DAY OF THE RACE

Questions: Sue Faller (701) 261-8221 or Cathy Miller (701) 540-7393

Mail entry to:

Kindred Ambulance, 100 1st Avenue, Kindred, ND 58051 or turn in at Kindred State Bank.

**Please fill out one form per runner/walker. **

Name: _____ Age _____ Gender _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

E-mail Address: _____

Waiver: In consideration of my entry in this race, I knowingly waive any and all claims which may accrue to me, my heirs, my estate, or my assigns against all sponsors, organizers and officials of this race, including the agents, volunteers or employees for any damages whatsoever, including injury, illness or death suffered by me in this event. I certify that I am aware of the physical stress involved in participating in this event and the consequent risks to my health and that I have made adequate preparations to compete. I also agree to grant full permission to use my name, photographs, videotapes and other records of this event for publicity/promotional purposes.

Signature: _____ Date: _____

Under 18 – Parent or guardian required to sign.