

# 35<sup>th</sup> Annual Kansas Heart & Sole Classic

## 5K Run/Walk & 10K Run

### Saturday, May 7, 2016 at 8 a.m.

#### A Benefit for Special Olympics Kansas

Race course is located in downtown Olathe, Kan.

Bring the family for a FREE Tot Trot!

For course map and additional entry forms:

[www.kansasheartandsole.com](http://www.kansasheartandsole.com)



10K is part of the **2016 RACE KC SERIES**

sponsored by the Kansas City Track Club.

#### PACKET PICKUP

Race bibs, chips, shirts and registration will be available inside the lobby of the Park Cherry Office Building at 100 E. Park St. in Olathe.

Friday, May 6 12 - 6 p.m.

Saturday, May 7 6 - 7:30 a.m.

Race Day



#### ENTRY FORM

#### ONE ENTRY FORM PER PERSON

FIRST NAME / LAST NAME (please print)

STREET ADDRESS

CITY STATE ZIP CODE

EMAIL PHONE NUMBER

DATE OF BIRTH: MM/DD/YYYY AGE on race day

GENDER:  MALE  FEMALE

EMERGENCY CONTACT NAME PHONE NUMBER

SIGNATURE DATE

IF UNDER 18, Signature of Parent/Guardian DATE

#### SELECT EVENT

- 5K Run/Walk
- 10K Run
- Tot Trot

#### SHIRT SIZE REGISTRATION FEES (Adult)

- XS  \$20 (through March 31)
- S  \$25 (April 1 - May 6)
- M  \$30 (Race Day)
- L  FREE Tot Trot
- XL  \$
- XXL  Donation to Special Olympics Kansas

Entry fee must accompany completed form and is non-refundable. Please make checks payable to **Olathe Running Club**.

For group rates (25+) contact [olathercinfo@gmail.com](mailto:olathercinfo@gmail.com).

#### PLEASE MAIL ENTRY TO:

Sam Miceli  
401 E 91<sup>st</sup> Terrace  
Kansas City, MO 64131

Only Kansas Heart & Sole Classic, Olathe Running Club, and RaceDay Timing Solutions use information on this form. It will be kept confidential, not be given out for any other purpose.

**WAIVER OF LIABILITY:** In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event, their representatives, successors, and assigns for any and all injuries suffered by me in connection with said event. I hereby release the City of Olathe and Johnson County, Kansas from any and all claims, damages, liabilities and demands whatsoever (including attorneys' fees and costs) which I now have, have ever had, or may have, or which my heirs, executors, administrators, successors or assigns may have, arising out of the event or my participation therein. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge that I have read and fully understand my own liability and do accept the restrictions.