

BURNS  **MCDONNELL**
FOUNDATION

Presenting Sponsor

7TH ANNUAL



REGISTRATION FORM

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Gender (M)___ (F)___ DOB _____
(mo/day/year)

T-shirt for each participant (circle one)

Shirt size adult: S M L XL XXL

Shirt size youth: XS S M L XL

T-shirt size not guaranteed after April 26

Race:	Jan 1 - Feb 28	Mar 1 - Apr 26	Apr 27 - May 6
5K Individual	\$30	\$35	\$40
5K Team	\$27	\$32	\$35
Kid Trot <small>(10 & under)</small>	\$10	\$10	\$10

Waiver: As an entrant in the Outpacing Melanoma 5K event, I assume complete responsibility for injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold the City of Overland Park Kansas, Outpacing Melanoma Foundation, volunteers, sponsors, and all other persons or groups associated with the event from any and all liability associated with this event. I grant permission for any and all of the foregoing to use any photographs, videotapes or recordings or any other record of this event. Minor participants must have parent or guardian signature.

Signature _____

Date _____

Make check payable to Outpacing Melanoma Foundation and mail to:
11939 Noland St., Overland Park, KS 66213



SUNDAY MAY 6, 2018
8AM

Corporate Woods - Overland Park, KS
USATF Certified Course

Proceeds support research and the Melanoma
Survivorship Clinic at The University of Kansas
Cancer Center through the

RICHARD A. KLOVER MELANOMA FUND.
outpacingmelanoma.org