

**2019 KINDERFEST ROADRACE—Sponsored by
Blum Physical Therapy, Franck & Sextro P.C., and Casey's**



What: Kinderfest 5 K Roadrace/Walk
When: 8:00 A.M., Saturday, June 15th, 2019
Where: Manning City Park

Entry Fee:
POSTMARKED BY Wednesday, June 5th
Adults: \$20.00 Age 12 and Under: \$10.00
No t-shirt guaranteed for registrations received after June 5th.

Registration:
Mail to: Robert Cast, 3165 370th Street, Manning, Iowa 51455.
Phone: 712-653-2187 Email: rcast@ikm-manning.k12.ia.us

Race Day Registration: Manning City Park, 7:00-7:30.
Awards 5 K: 1st Place Overall Men's and Women's--Trophy, Medals for 1st and 2nd place finishers in each age group. Ribbons to all 12 and Under Participants.

*****Cut Here and Send Information Below*****

Entry Form:

Name: _____ Address _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____ optional

Email Address: _____ please write legibly

Please circle: Male Female

Please circle: Adult T-shirt Size: S M L XL XXL

 Youth T-shirt size YS (6-8) YM (10-12)

No t-shirt guaranteed for race day registrations.

Please Circle Correct Age Group. Please circle the age you will be on June 15th
12 and under, 13-19, 20-29, 30-39, 40-49, 50 and Up

Waiver and Release:

In consideration of acceptance of this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have or thereafter accrue to me against all sponsors, contributors, and individuals associated with the event, it agencies, representatives, successors and assigns for any and all injuries suffered by me while taking part in this event. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in this event. I give my permission for the free use of my name and picture in any broadcast or print media account of event.

Signature and Date: _____

(If participant is under 18, parent or guardian must sign or runner will NOT be allowed to participate)

Make checks payable to: Robert Cast Payment must accompany entry.

