Rock the Parkway Half Marathon
April 8, 2017

Registration Form (one person per form)

Circle Event: **Half marathon** **5K**

Name _____

Address_____

City/ST/Zip _____

Email_____ **Phone** _____

Age on Race Day : _____ **CIRCLE ONE:** Male Female

Shirt size (Circle One) Men: S M L XL XXL

Women: S M L XL

Half Marathon estimated finish time: _____

Entry fees	**Half marathon**	**5K**
Through 10/16	$59	$25
10/17 - 12/31	$69	$30
*1/1 - 2/28	$79	$35
*3/1 - 4/2	$89	$40
*4/3 - 4/8	$99	$45

*Unless the event is sold out. Registration will close at 7000 participants

Total Enclosed $_____

Waiver: As an entrant in the Rock the Parkway Half Marathon & 5K, 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 Kansas City, MO, Kansas City Parks & Recreation, Burns & McDonnell, KC Running Company, LLC, volunteers, sponsors and all other persons or groups associated with the event from any and all liability associated with this event or otherwise. I understand that there are no refunds and that KC Running Company LLC reserves the right to cancel the event for weather related reasons at its sole discretion. I grant permission for any and all of the forgoing to use any photographs, videotapes or recordings or any other record of this event for any purpose.

Signature_____ **Date**_____

(Parent's signature required if participant is a minor)

MAKE CHECKS PAYABLE TO AND MAIL COMPLETED ENTRY FORM TO:

KC Running Company
411 E. 135th Street
Kansas City, MO 64145