



Rock the Parkway Half Marathon

April 4, 2020

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 XXXL

Women: S M L XL XXL XXXL

Half Marathon estimated finish time: _____

Entry fees	Half marathon	5K
Through 9/9	\$59	\$25
9/10 - 10/14	\$65	\$28
10/15 - 12/29	\$75	\$32
12/30 - 2/10	\$85	\$36
2/11 - 4/1	\$95	\$40
4/2 - 4/4	\$105	\$45

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
200 E. 135th Street
Kansas City, MO 64145