Date Received

(To be completed by LPRD Staff)

Entered in RecTrac

Entere			440
ı Eniere	201 III	20	



\$28 early registration prior to 5/19/2024 \$33 registration fee from 5/20-6/20/2024 \$38 registration fee from 6/21-7/2/2024 7/3/24 to RACE DAV FFF. \$45

		113/24 to take DAT TEE. 945							
	Name	D					OOB (mm/dd/yyyy):		
А	ddress								
Apt N	lumber								
City, Sta	ate, Zip	e, Zip							
Ph	one #s	Primary: Alternate:							
	to receive Run info)								
Event En	tering*	5K		10K					
	(*Required - event declaration can be changed up until race day)								race day)
"High School Challenge" (Team Name):									
Age on Race Day		:			lale				Female
T-shirt Size		Youth	Med	Lg					
(C	Circle one)	Adult	Sm	Med	Lg	ΧI	_	XXL	XXXL
Payment	□Cash						Chec	k	
	□Credit Card (VISA/ MC/ AMEX/ DISCOVER)				С	Check Number			
	Please do not enter card information on this form. Staff will run card at registration check in.						MAKE CHECKS PAYABLE TO: CITY OF LENEXA		
BILITY WA	IVER								

LIA

I (if over 18), the undersigned Participant/Parent/Guardian (Please circle one), understand and agree that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or damage to property that I (or the participant, if a minor) may suffer as a result of participation in the above-referenced program(s). I hereby forever release and hold harmless the City of Lenexa, Kansas, its employees, agents and representatives from any and all claims of any kind that I, or my respective heirs, executors, administrators or assigns, may have or claim to have resulting from participation in said program(s). I further authorize the City of Lenexa, Kansas to use at its discretion any photographs or video(s) taken of me (or the participant, if a minor) while participating in the program and waive any and all claims that I (or the participant) may have resulting from any use of such photograph(s) or video tapes. I recognize that there are inherent risks and dangers in the activities that I will take part in. I expressly agree to accept and assume all such risks existing in this activity, including risks of injury. I acknowledge that I have been urged and advised to seek the advice of a physician before participating.

SIGNATURE DATE



Mail or drop off form, along with payment to:

Lenexa Rec Center Attn: Freedom Run 17201 W. 87th Street **Lenexa**, KS 66219