**Outrun the Rays**

**Rays Melanoma Awareness 5K Run / Walk**

DATE: Saturday May 25th, 2019 TIME: 9:00 a.m. LOCATION: Peosta Community Centre

**Cost: $25 (includes T-Shirt) prior to May 17th.**

*Registration fee is $30 on or after May 18th. T-shirts are not guaranteed with late or same day registration.*

Registration packets may be picked up from 8:00 – 8:45 a.m. at the Peosta Community Centre on the day of the race.

 **~Rain or Shine Event~**

**Prizes**

Awarded to the top three places of each age group.

**Registration, Donation, and Merchandise Purchase**

**On-Line:** Find links at [OutrunTheRays.org](outruntherays.org)   
 *or*

**Mail:** Complete this form & mail with payment to:

**Outrun the Rays**c/o Jack O’Brien  
301 Oak Forest Dr.  
Epworth, IA, 52045

**5K Run / Walk Entry Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  |  |  |
| **Last Name:** |  | **Phone:** |  |
| **Email:** |  | **Date of Birth:** |  |
| **Address:** |  | **Gender:** |  |
| **City, State, Zip:** |  | **Shirt Size (circle)** | **YS YM YL S M L XL XXL(+$2)** |

Liability Waiver: In consideration of your acceptance of this entry, I hereby, for myself, my heirs, executors, & administrators, waive any and all rights and claims for damages I may have against the Peosta Community Centre, City of Peosta, and any sponsor or contributor to this event and their representatives, successors & assigns for any and all injuries suffered by myself in said event. I assume all the risks associated with running or walking in this event, including but not limited to falls, contact with other participants, the effect of weather, traffic and the condition of the road, all such risks being known and appreciated by me. I attest & verify that I have full knowledge of the risks involved in this event & I am physically trained to participate in this event. By signing below, the individual/guardian accepts and agrees to terms listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required if under 18)

**Additional Shirts**

*$10 each Shirt ($12 for XXL)*

|  |  |  |
| --- | --- | --- |
| **Size** | **Qty** | **Line Total** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Shirts Total:** | | **$** |

**Payment Amount**

|  |  |  |
| --- | --- | --- |
|  | **Amount** |  |
| **Race Registration** | **$** | **$25**  ($27 for XXL Shirt) |
| **Shirts**  **Total** | **$** | From Table at left |
| **Additional Donation** | **$** | Please consider an additional donation |
| **Total:** | **$** |  |

*Please make check payable to:* **Outrun the Rays**