



**Welcome to the Waddell & Reed Kids' Marathon
Presented by Children's Mercy Hospitals & Clinics**



Please fill out this form completely. One form per individual. Please pay close attention to the deadlines for mail-in entries.

Fields marked with an * are required.

2011 WADDELL & REED KIDS' MARATHON PRESENTED BY CHILDREN'S MERCY HOSPITALS & CLINICS

* school name

* first name mi

* last name * gender M F

* mailing address

* city

* state * zip * country (if not U.S.)

* current grade

* evening phone are you affiliated with Leukemia & Lymphoma Society? Y N

* e-mail address

* age on race day month day year

* date of birth

* shirt size youth S M L adult XS S M L XL 2XL

Packet Pick-Up at the Health & Fitness Expo: October 13 & 14

All Mail-in Entries **MUST BE POSTMARKED** by: October 7, 2011

Race Date: October 15, 2011

Waiver Must Be Signed To Be Processed

Release & Waiver:

WAIVER: I know that running a road race is a potentially hazardous activity for my child. I should not enter my child or let him/her run unless he/she is medically able and properly trained. I agree to abide by any decision of a race official relative to my child's ability to safely complete the run. I assume all risks associated with my child running in this event, including, but not limited to tripping and falling, contact with other participants, the effects of weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my child's entry, I, for my child and anyone entitled to act on my child's behalf, waive and release the Waddell & Reed, Waddell & Reed Kansas City Marathon, Greater Kansas City Sports Commission and Foundation, City of Kansas City, Missouri, KCMO Police Department, Mid America Running Association, Kansas City Track Club, all sponsors, contractors and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my child's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my child's entry fee is non-refundable. As the parent of my child, who is under 18 years of age, I certify that my child has permission to compete in the event, is in good physical condition and the event officials may authorize necessary medical treatment. I understand that this event is RRCA and USAT&F sanctioned and that bicycles, skateboards, baby strollers, roller-skates or blades, animals and headsets are not allowed in the race and I will abide by these guidelines.

* signature of parent or guardian * date month day year

extra items children's pasta dinner ticket @\$10 each

adult pasta dinner ticket @ \$20 each

commemorative poster @ \$15 each

additional donation to CMH

Please select any additional items you wish to purchase with your entry. **Commemorative posters** should be picked up at packet pick-up located at the merchandise booth. The **Pasta Dinner** offers pasta and entertainment. Make additional donations to Children's Mercy Hospitals & Clinics.

Kids' Marathon Entry Fee is per person.

total amount enclosed

Entry fees are non-refundable. Entries into the Kids' Marathon are limited to children kindergarten to 8th grade. Parents can accompany children without registering, but if you would like to receive an event shirt, you must complete a registration form for each parent or sibling accompanied by payment.

Through October 9..... **\$10**

Please check the Waddell & Reed Kansas City Marathon website often for the latest updates of race information, policy and procedure: www.kcmarathon.org

Checks payable & Mail to:

KC Sports Commission
KC Marathon
1308 Pennsylvania Avenue
Kansas City, MO 64105

* name on credit card (if paying by credit card)

* cc billing zip/postal code

* card type VISA MasterCard American Express Discover Other

* card number

* CVV2/card code month year

* expiration

* signature