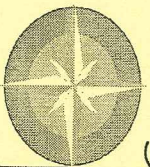


Saturday May 12, 2012

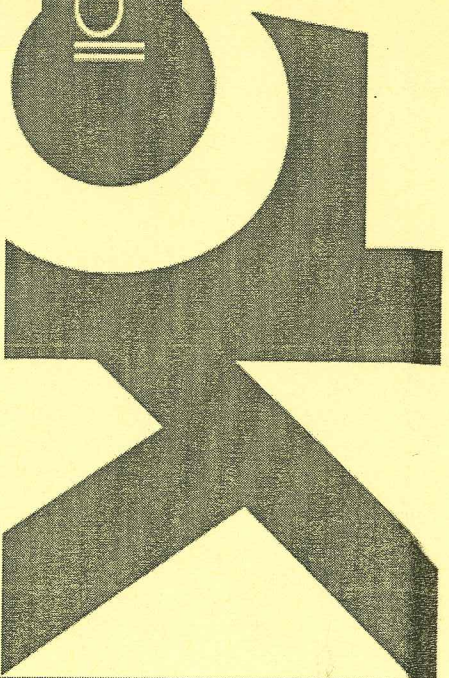


ptions

5th Annual

# Walk, Run & Roll

## & Family Fun Day



Center for Health Improvement Walking Trail

\*\* 2500 Canterbury, Hays, Kansas \*\*

### REGISTRATION FEES

Individual: \$20.00

Team Members (4 or more) : \$15.00

**\*\*\* Pre-Register by April 20th, 2012  
to receive a free t-shirt\*\*\***

### CONTACT INFORMATION

Name: Options

Phone: 785.625.4202 or 785.625.3055

Email: [business.options@help4abuse.org](mailto:business.options@help4abuse.org)

### PAYMENT INFORMATION

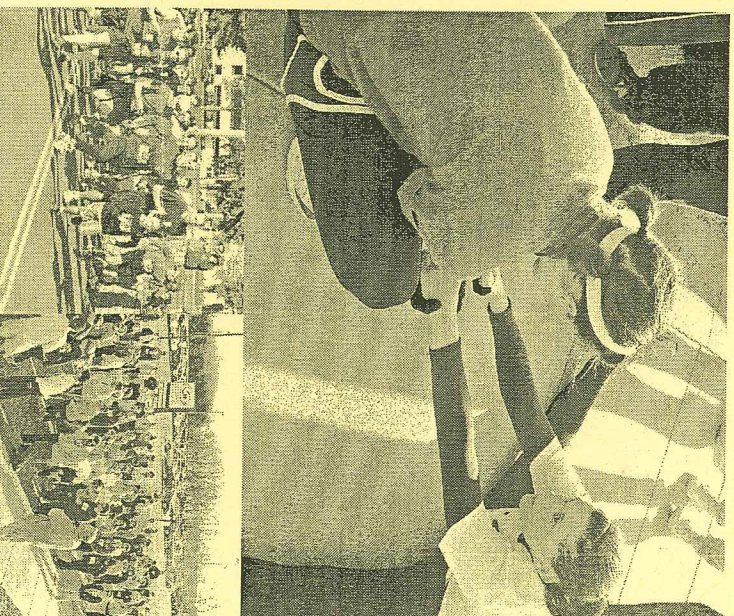
Please mail the following information & payment to:

Options

403 E 23rd St.

Hays, KS 67601

**\*\* Memo checks 5K \*\***



### RACE INFORMATION

Registration Begins: 7:30am

Race Begins: 8:30am



Name: \_\_\_\_\_

Gender: Female Male

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: Under 15 16-30 31-45 46-Up

T-Shirt Size: S M L XL

XXL

Type: Team Individual

Team Name (All team members must fill out registration & waiver forms): \_\_\_\_\_

I agree to abide by any decision of a race official relative to my ability to complete the run. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, effects of the weather including heat/ and humidity, and the condition of the course, all such risks being known and accepted by me. Having read this waiver, knowing the facts, and in consideration of your accepting my entry, I for myself and anyone acting on my behalf, waiver and release Hay Medical Center, it's employees, members, volunteers, and any sponsors from all claims or liabilities of any kind arising out of my participation in this event though liability may arise out of negligence or careless on the part of the persons named in this waiver.

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

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

Parent's signature if under 18 years: \_\_\_\_\_

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

increasing community awareness for domestic and sexual violence