

3RD MARYVILLE ANNUAL KICKS CANCER EVENT

5K RACE / 1 MILE FUN RUN / WALK



Benefiting **Siteman Cancer Center and Kids Rock Cancer**

DATE/TIME: Saturday
 April 11, 2015
Check in/registration: 8am
Ceremony: 9am

LOCATION: Maryville University Campus (Donius University Center)
 650 Maryville University Drive
 St. Louis, MO 63141

DIRECTIONS: **West Bound:** Hwy 64/40 to exit #23 continue straight onto N. Outer 40 (pass Maryville Centre exits) Turn right onto Maryville University Drive (Main campus entrance) Follow signs for parking.
East Bound: Hwy 64/40 to exit #22 continue straight onto S. Outer 40 Turn left onto Maryville Centre Drive (continue onto overpass) Turn left onto N. Outer 40 (pass Maryville Centre exits) Turn right onto Maryville University Drive (main campus entrance) Follow signs for parking.

REGISTRATION: To register online or for more information visit maryville.edu/kickcancer
REGISTRATION IS FREE FOR MARYVILLE STUDENTS

Early registration ends **March 31st**. All early registrations include a t-shirt.
 Early registration for the 5K for adults is \$20; 12 years/under \$15.
 Early registration for the 1 mile for adults is \$15; 12 years/under is \$10.

- EVENT:**
- Will include a 5K race/1 mile fun run/walk
 - A memorial ceremony
 - A head shaving
 - Lots of food throughout the morning

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(Early registration ends March 31st. All early registrations include a t-shirt.)

Shirt Size: (circle one) **Youth: XS S L Adult: S M L XL 2XL**

Name _____ **D.O.B.** ___/___/___ **Age (on April 11, 2015)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Phone #** _____

Emergency Contact (Name) _____ **(Phone #)** _____

I will be participating in

Check one: 5K race 1 mile fun run/walk **Gender (check one)** Male Female

I recognize and acknowledge that there are certain risks of physical injury in this event. I and my insurer, hereby release, waive, relinquish, and discharge Maryville University, Fleet Feet Sports and any other sponsor and any and all directors, officers, employees, agents, and/or volunteers from any and all claims, demands, action, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself as a result of my participation in the event, whether caused by negligence (including but not limited to, negligence by any person acting on behalf of Maryville University, negligent training, or negligent supervision), weather conditions, or otherwise. I further acknowledge that I understand that this is a full release and that I have voluntarily waived my rights and those of my insurer. I verify that I am physically fit and have sufficiently trained for the completion of this event. I have read the entry information provided and certify my compliance by my signature below. Maryville University has permission to use pictures, slides, and/or audio-video tapes of me during this event for publicity and public relations purposes.

Participant Signature (legal guardian if under 18) x _____ **Date** _____

**Make Checks Attn: Maryville Kicks Cancer and payable to
 Maryville University, 650 Maryville University Drive, St. Louis, MO 63141**