



5th Annual 5K Run/Walk
Sunday, June 6, 2010
Clement Park, Littleton, CO

REGISTRATION

Mail this form with your non-refundable registration fee. *Must be postmarked by Wednesday, June 2, 2010. Please make check payable to:
 The Kyle O'Connell Foundation / P.O. Box 1067 / Littleton, CO 80160-1067

ALL FIELDS ARE REQUIRED:

First Name _____ Last Name _____
 Street _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail (for confirmation purposes) _____

THIS IS A CERTIFIED 5K COURSE (ONLY THE 5K RUN WILL BE CHIP TIMED)

Registration Fees (Fee includes t-shirt for participants) **Online registration will be accepted until midnight, June 3, 2010.

<u>June 3rd or Before</u>		<u>Race Day</u>	
Adults/Children 13 & over:	\$30.00	Adults/Children 13 & over:	\$35.00
Children 12 & under and Seniors 60+	\$15.00	Children 12 & under: and Seniors 60+	\$20.00

Name	Age (required)	Shirt Size (adult S, M, L, XL, XXL, youth M)	5K Run/Walk 1 Lap Fun Run (R, W or FR)	Male/Female (M or F)	Bib # (registration use only)
1					
2					
3					
4					
5					
6					

We are participating as a team. Team name is _____

Fee/Amount Paid: \$_____.00 I cannot participate, but would like to make a donation of \$_____.00

How Did You Hear About the Race?

Participated last year Friend/family Radio, newspaper Other _____

**** Every participant 18 years of age and older MUST sign a separate waiver.**

WAIVER: In participating in Steps-n-Strides and signing this form for myself (or the participant if he/she is under the age of 18), I know that running and walking in a race can be potentially hazardous. I expressly knowingly assume all risks in this event, including, but not limited to, falls, contact or collision with other participants, effects of weather including lightning, traffic and conditions of the road, all such risks being known and accepted by me. In consideration of these facts and the Kyle O'Connell Foundation ("KOF") acceptance of my registration, I, for myself or the participant, if he/she is under the age of 18, hereby waive and release any and all claims against KOF, its affiliates, officers, directors, all sponsoring businesses, and/or organizations and their agents and the City of Littleton or its agents, from all claims and liabilities of any kind or nature. I hereby consent to receive any medical treatment that may be deemed advisable in the event of any accident, injury and/or illness during the KOF event. I also grant KOF and all sponsoring businesses and organizations and their agents permission to use any photographs, motion pictures, recordings or any other record of the event in legitimate purpose. I agree to no costumes or disguises without the prior written consent of KOF.

I agree to waiver (must sign in order for registration to be processed): Signature **X** _____