



Golden Belt Glow for Life

Glow Walk or 5 K Glow Run

Saturday September 18, 2021 Veterans Memorial Park Great Bend, KS

Registration

FIRST NAME MI

LAST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

E-MAIL ADDRESS

PHONE NUMBER DATE OF BIRTH AGE (on race day) SEX (circle)

M F

CHECK ONE : Glow Walk _____ 5 K Run _____ Phantom Entry Fee _____ (t-shirt & glow accessories only)

T-Shirt (Please circle size needed) Adult Sizes: Small Medium Large XL XXL Youth Sizes: Medium Large

PRE-REGISTRATION ENTRY FEE: \$25.00 DEADLINE Tues., August 31st Pre-registration guarantees T-Shirt, Glow Accessories & Snacks

CHECKS Payable to: Suicide Prevention Task Force

Registrations received after Tuesday, August 31st are not guaranteed to receive a T-Shirt/Glow Accessories

Mail registrations & checks to: Golden Belt Glow for Life, The Center for Counseling , 5815 Broadway, Great Bend, KS 67530

NO REFUNDS

EARLY PACKET PICK-UP/LUMINARY DECORATING: At Center For Counseling Friday Evening, Sept 17th from 4pm-6:00pm

LATE REGISTRATION: \$30 at Event starting at 6:00 pm, Saturday, Sept 18TH, @ Large Shelter West of Vet's Lake, Great Bend, KS Check-in @ 7:00 Remembrance Ceremony 7:15-7:30; Warm-Up 7:30-7:45 Run starts at 7:45 p.m.

WAIVER OF LIABILITY AND STATEMENT OF FITNESS: ALL INDIVIDUALS MUST SIGN BELOW.

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against all officials, sponsors, and volunteers for injuries or illness I may receive from participation in the Golden Belt Glow for Life. I understand the dangers of racing or walking long distances and consider myself adequately trained and in proper physical condition to participate in this event. I know that there will be traffic on the course and roads. I assume the risk of running in traffic and any and all other risks associated with competing in this event. I agree not to wear headsets, roller blades or skates, or bring animals to event.

Signature _____ Parent/Guardian _____
Participant (if under 18)

WAIVER OF PHOTO/MEDIA RELEASE: I acknowledge that photos/video maybe taken of the event. I give my consent for any that are taken of me may be used to advertise the event for the future events on social media—facebook, Instagram, websites.

Signature _____ Parent/Guardian _____
Participant (if under 18)

Questions? Contact Holly Bowyer at The Center For Counseling 620-792-2544.