

## **KMS Meetinghouse Miles 5k**

Race begins at 7:30 am \* May 10, 2025

Name:				

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

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

Gender of Partici	pant:	Race Day	/ Age:

Shirt Size: Y-M Y-L A-S A-M A-L A-XL

## \* Shirt orders will be honored as supplies last \*

## General Waiver (covers all participants listed)

By submitting this application form, I agree that I am at least 18 years of age and/or the parent/legal guardian of this participant. I waive all claims for myself, my heir against the sponsors, coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries or illness which may result from my (his/her) participation. I further state that I am in proper physical condition to participate in these races. I give my permission to Kraybill Mennonite School and to the media to use my name and/or photo in any newspaper, broadcast, telecast or any other account of this event, without limited obligation of anyone to compensate me thereof.

Signature \_\_\_\_\_

PAYMENT:	\$30 x t	otal pa	rticipa	nts = S	\$		
Check: _		Casł	າ:	Au	uction a	#:	
* Make checks payable to: Kraybill Mennonite School *							
Participant # 2 Name:							
Gender of Participant: Race Day Age:							
Shirt Size:	Y-M	Y-L	A-S	A-M	A-L	A-XL	
					Сс	ost: \$30	
Participant # 3 Name:							
Gender of Participant: Race Day Age:							
Shirt Size:	Y-M	Y-L	A-S	A-M	A-L	A-XL	
					Сс	ost: \$30	
Participant # 4	:						
Name:							
Gender of Participant: Race Day Age:							
Shirt Size:	Y-M	Y-L	A-S	A-M	A-L	A-XL	

Cost: \$30 \_\_\_\_