



2016 Kicking Butt 5K – Louisville
Saturday, August 20, 2016
9: 00 a.m. @ Iroquois Park
Louisville, Kentucky

Join us! Please complete this Registration Form in blue or black ink. Print clearly. You can also register at KickingButt.org to begin fundraising as an individual or team.

First Name _____ Last Name _____
Address _____ City _____ State _____
Zip _____ Phone _____ Email _____

Gender: Male Female Date of Birth _____ T-shirt size: (circle) S M L XL XXL

Fees: \$25 - Early Registration (before/on August 17th) \$30 – Late Registration (August 18-20th)

Participant Type: 5K Runner/Walker 1 Mile Child (10 and under)

My goal is to raise \$_____ to help end preventable colon cancer death and suffering.

Register as an Individual Form a Team Join a Team

Team Name: _____

I am a survivor/fighter (Survivors/fighters are honored with special shirts at the walk, pick yours up!)

I am participating in Honor of: _____

Memory of: _____

I am unable to participate, but please accept my tax-deductible donation of \$_____

Please make checks payable to the Colon Cancer Prevention Project. Children 10 and under are free.

Return completed forms to: Colon Cancer Prevention Project
PO Box 4039
Louisville, KY 40204
Office: 502-290-0288
Website: KickingButt.org

Assumption of Risk and Release: In consideration of your accepting my registration for the 2016 Kicking Butt 5K – Louisville, I on behalf of myself, my heirs, executors, administrators, and any assigns, hereby expressly waive and release, the Colon Cancer Prevention Project (the "Project"), its agents, employees, volunteers, event sponsors, and any others involved in this event or this organization from any and all claims arising from my participation in this event. I hereby represent that I have full knowledge of the risks involved and that I am physically fit and able to participate in this event. I understand and agree that all entry fees are nonrefundable and nontransferable. I acknowledge that the Project, in its sole discretion, may delay or cancel the event if it believes the conditions on the race day are unsafe or unfit. I grant full permission to the organizers of the event to use and publish my name and image as a participant in photographs, video, online, or via other media. If Participant is a minor or acts in accordance with a legal guardian, the parent or guardian must sign and agree to the following: I am the parent and/or legal guardian of the Participant, and I hereby consent to his/her participation in the event. I have read the foregoing agreement, and I agree on behalf of myself and the Participant to its terms.

Signature: _____ Date: _____