REGISTRATION FORM

Jared Coones™

Memorial Pumpkin 5k Run/Walk

Run. Remember. Support.

Check with your company's HR dept. to see if they match your donation!

Black Bob Elementary School · Olathe, KS

pumpkinrunwalk.org · Information Line: (913) 909-3406

Detach form & return with check. Entry form may be photocopied. 1 FORM PER PERSON.

28TH Annual Jared Coones Memorial Pumpkin 5K Run/Walk

ONE FORM PER PERSON

First Name _____ Last Name _____ Birth Date _____

Address _____ Gender: Male Female Phone _____

City/State/Zip _____ email address _____

Race day entries cannot be guaranteed a t-shirt. Fee includes t-shirt (circle one): ADULT SIZES: S M L XL XXL CHILD SIZES: S M L

I AM ENCLOSING A CHECK FOR (CHECK ONE ENTRY OPTION):

POSTMARKED PRIOR TO 10/10/26
- ❑ $35 Individual Entry Fee
- ❑ $30 per Person Family/Team Fee*

VIRTUAL ENTRY FEE
- ❑ $30 Individual Entry Fee**

REGISTER DAY OF EVENT (10/10/26)
- ❑ $40 Individual Entry Fee
- ❑ $35 per Person Family/Team Fee*

*Family/Team fee applies if 3 or more participants enter together. Each family/team member must complete a separate entry form and sign the Release and Waiver. Entry forms for all family members and one check for all entry fees must be submitted together to receive the family price.
** Includes Shipping & Handling.

MAKE CHECKS PAYABLE TO: JARED COONES PUMPKIN RUN

Mail completed form, signed release & check to:

Jared Coones Pumpkin Run
P.O. Box 3314
Olathe, KS 66063-3314

I am including a tax deductible donation of $_____ to the Jared Coones Memorial Foundation a 501(c)3 non-profit organization.

RELEASE AND WAIVER (MUST SIGN TO PARTICIPATE)

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I consent to and attest that I have read the rules of the race and agree to abide by them. I consent to and assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I consent to and assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of communicable diseases. I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, pet animals, and personal music players are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Jared Coones Memorial Pumpkin 5K Run/Walk, the Pumpkin Race, Planning Committee, The City of Olathe including the Olathe Police department, Black Bob Elementary School, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to a communicable disease in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

SIGNATURE _____ **DATE** _____ **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____