2009 WADDELL & REED KC HALF MARATHON ENTRY

Welcome to the Waddell & Reed Kansas City Half Marathon

Please fill out this form completely. One form per individual. Please pay close attention to the deadlines for mail-in entries.

Fields marked with an * are required.

* comp code (if applicable)

* first name | mi

* last name | * gender (M F)

* mailing address

* city

* state | * zip | * country (if not U.S.)

daytime phone | are you active military? (Y N)

* evening phone | are you affiliated with Leukemia & Lymphoma Society? (Y N)

* e-mail address

* age on race day | * date of birth (month / day / year)

* shirt size — youth (S M L) adult (XS S M L XL 2XL) | * category (run walk roll)

* first KC half marathon? (Y N) | * first half marathon ever? (Y N) | * predicted finish time (H H : M M : S S)

Packet Pick-Up at the Health & Fitness Expo: October 15 & 16

All Mail-in Entries **MUST BE POSTMARKED** by: October 13, 2009

Race Date: October 17, 2009

Waiver Must Be Signed To Be Processed

Release & Waiver:

Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection will be provided until 1:00 p.m., there will be traffic on the course route. I assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and or humidity, cold wind, snow, rain or ice and the conditions of the roads, all such risks being known and appreciated by me. I understand that I am solely responsible for my safety while traveling to and from or participating in this event. Knowing these facts and in consideration of you accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf covenant not to sue, and waive, release and discharge Waddell & Reed, Waddell & Reed Kansas City Marathon, Greater Kansas City Sports Commission & Foundation, The City of Kansas City, Missouri, KCMO Police Department, or any sponsor or contributor to this event, or any race officials of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to the Waddell & Reed Kansas City Marathon and/or agents authorized by them to use any photograph, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I further understand that athletes who participate in this competition will be subject to formal drug testing in accordance with USAT&F rules and IAFF Rule 144. Athletes testing positive for banned substances, or who refuse to be tested, will be disqualified from this event, and will lose eligibility for future competitions. Some prescription and over-the-counter medications contain banned substances. Information regarding drugs and drug testing may be obtained by calling the USOC Hotline at 1-800-233-0393. Applications for minors will be accepted only with a parent's or guardian's signature.

* signature | *date (month / day / year)

Please select any additional items you wish to purchase with your entry. **Commemorative posters** should be picked up at packet pick-up located at the merchandise booth. The **Pasta Dinner** offers pasta and entertainment. Make additional donations to charities.

extra items

- pasta dinner tickets @$20 each
- commemorative poster @ $15 each
- additional donation to charities

Entry Fees: Fees are per Person.

Through April 11	$40
Through July 15	$50
Through October 3	$60
Through October 13	$70

Active military take $5 off the price.

Please check the Waddell & Reed Kansas City Marathon website often for the latest updates of race information, policy and procedure: www.kcmarathon.org

Check Payable & Mail to:
KC Sports Commission
KC Marathon
1308 Pennsylvania Avenue
Kansas City, MO 64105

total amount enclosed

* name on credit card (if paying by credit card)

* cc billing zip/postal code | * card type (VISA MasterCard)

* card number

* CVV2/card code | * expiration (month / year)

* signature