

Nick K 5k ROC 2019 Registration

On March 1, 2014 our dear friend Nick “Kappy” Kapusniak was tragically taken from us in an act of random and senseless violence. Nick is greatly loved and missed by his friends in St. Louis. To honor his memory, on September 22, 2019 we are hosting the 6th Nick K 5k Run/Walk to raise funds for scholarships in his honor and for violence prevention programs. All begin at Tower Grove Park. We walk, we run, we pray, to stop the violence.

Race Day: September 22, 2019 (race begins at 9:00am)

Please fill out the following registration information or register online at <https://runsignup.com/Race/NY/Webster/NickK5K>

Please send all paper forms to: Kappy’s Kampaign PO Box 759 Webster, New York 14580

Entry fee: \$25 (make checks payable to Kappy’s Kampaign and postmarked by October 1, 2019)

First Name: _____ **Last Name:** _____

Gender (please circle): M F **Age on Race Day:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Email:** _____

Shirt Size (adult unisex sizes, please circle): S M L XL XXL

Optional – Organization (please circle): St. Louis College of Pharmacy Nicholas Kapusniak Scholarship
St. Louis Crimestoppers Catholic High School Nicholas Kapusniak Memorial Fund

Please indicate if you would like to give an additional donation: \$_____

Please indicate if you would like to order addition shirts, specify size and quantity: _____

Race Waiver:

In return for acceptance of my entry fee into Nick K 5k Walk/Run, I, for myself, my executor, heirs, administrators and assigns, hereby release, discharge, and covenant not to sue, and agree to indemnify and hold Kappy’s Kampaign, USA T&F, Tower Grove Park, and the City of St. Louis, including any and all sponsors associated with the race, their agents, and employees from all liability and for any and all claims for damages actions, demand, and injuries arising out of my participation in this event whether caused by the negligence of the released parties or a third party. I have full knowledge of all risks involved of whatever nature in participating in the run/walk and state that I am physically and medically fit and sufficiently trained to participate.

Participant Signature: _____

Parent/Guardian Signature (if under 18 on race day): _____

Emergency Contact: _____

Emergency Contact Phone: _____