

REGISTRATION FORM

27 YEARS OF RUNNING FOR A CURE

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



Annual Memorial
Pumpkin 5K Run/Walk
October 11TH, 2025

Jared Coones™



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.

27TH 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 10/11/25

- ☐ \$30 Individual Entry Fee
☐ \$25 per Person Family/Team Fee*

REGISTER DAY OF EVENT (10/11/25)

- ☐ \$35 Individual Entry Fee
☐ \$30 per Person Family/Team Fee*

VIRTUAL ENTRY FEE

- ☐ \$30 Individual Entry Fee**

*Family/Team fee applies if three 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.

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 potentially hazardous activity, which could cause injury or death. 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 an 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 attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, 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 in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive, release, and discharge the Jared Coones Memorial Pumpkin 5K Run/Walk, the Pumpkin Race Planning Committee, the Foundation Board, The City of Olathe including the police department, Olathe Running Club, Black Bob Elementary School, race officials, volunteers and all event sponsors their representatives or anyone acting on their behalf, 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. This Release and Waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown. 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 purpose. Applications for minors will be accepted only with a parent's signature. (If a parent is signing on behalf of a minor, then the parents agrees to defend and indemnify all persons and entities listed in this Release and Waiver against any claim brought against them by that minor at any time, arising out of the minor's participation in this event.)

SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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