KICK OFF YOUR SUMMER WITH THE



9th Annual Let Your Light Shine Family 1 Mile Walk & 5K with Silent Auction Saturday, May 20, 2023

www.letyourlight-shine.com

RACE SCHEDULE: Virtual Run/Walk on own OR

7:30 a.m. - Registration at First Baptist Church 1121 Main St, Goodland, KS

8:30 a.m. - Group Photo then Family 1 Mile Walk & 5K Begin 7:30 a.m. - Silent Auction Begins / 9:40 a.m. - Bidding Closes

| REGISTRATION INFORMATION Name(s) of Participants: Adult | | | | One form pe | r ADULT |
|---|---|--|---|---|---|
| Student(s)/Child(ren) Ages 0-18 (| | | | , o 110 101 111 po | . , , , , , , , , , , , , , , , , , , , |
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| 4 | | | | | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| EMail: | Phone: | | | | |
| # OF PARTICIPANTS AND REGIS Adult (\$20)Ages 5-18 (\$ Total # of Participants: Tota I/We would like to participate in the second s | 15 each)Ages Fee: Please he:1 Mile Family \ | make checks payable to Valk OR □5K Walk d after May 4th will no | : Avelyn SonS /Run OR ot receive a t | Shine Journey Virtual Rui -shirt. | n/Walk |
| Funds from the race will go towar organizations, as well as given to | d buying children's bik | oles. They will be distri | | | |
| If you are not racing, but would li www.letyourlight-shine.com and c First Option Bank, you will find thi | lick on the link to our | fund with the Miami C | ounty Comm | | tion with |
| Waiver of Liability: In consideration of my the event. I hereby release The City of Go Let Your Light Shine cause from any and a event needs to be cancelled due to weath permission for taking photographs or vide physically fit and sufficiently trained for the | podland, KS, First Baptist Call liability associated with the or any other unforeseer eos to be used to promote | hurch, organizers, voluntee his event or otherwise. I un circumstances (in this case | rs, sponsors and derstand that th , you will still re | d all associated nere are no refui eceive your t-shir | with the nds if the t). I grant |
| Adult Signature (Waiver for adult and a | nv minors ages 0-18 listed on t | he form) Date | | | |