

18th Annual

# KAREN for a KAUSE

5K and 1-Mile Run/Walk (In-Person and Virtual Options) and Children's Mad Dash



## SATURDAY, MAY 13, 2023

### Frontier Park in St. Charles, MO

(First Capitol Drive and Riverside Drive)

Event will follow St. Charles City Health Guidelines



Empowering St. Charles and neighboring communities by providing knowledge and support to win the fight against breast cancer.

#### SUPPORTS



#### SPONSORED BY



Bogey Hills Ladies Golf Association



**PLEASE PRINT. All mailed entries must be postmarked by April 15, 2023, to qualify for early registration.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

5K Run/Walk  1-Mile Run/Walk  Children's Mad Dash (FREE ENTRY)  Children's Mad Dash T-shirt \$5 (optional) (choose size below)

Karing from the Kouch Donation \$35 (T-Shirt will be mailed to you AFTER the race)  5K Run/Walk/Virtual Participant

1-Mile Run/Walk Virtual Participant  Cancer Survivor

Preferred Shirt Size: **YOUTH:**  S  M  L  XL  XXL  Mail my T-shirt \$5 (optional)

Waiver of Liability: In consideration of the foregoing, I, for myself, my executors, administrators, and assigns, do hereby release and discharge the Karen Weidinger Foundation (KWF) and all sponsors and representatives from all damages, demands, actions, and causes of action whatsoever, in any manner arising or growing out of participation in said run. I certify that I have run this distance or longer in practice regularly in weeks prior to the event. Registration fee is non-refundable.

All entries must be dated and signed, X \_\_\_\_\_ Date: \_\_\_\_\_

**Karen for a Kause 5K or 1-Mile Run/Walk pledges are greatly appreciated, but not required to participate.**

Entrant's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Special recognition will be given during post event for anyone raising over \$100 in pledges.

I, \_\_\_\_\_, have collected the following pledges as a participant of this event.

Name	Contact Info	Pledge
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

For additional pledges, please use another pledge form. Please collect all pledges and have any checks payable to: **Karen Weidinger Foundation**