

# 5K Honoring Denise Hansen



## 5K Honoring Denise Hansen

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Denise Hansen was an avid volunteer, coach, and mentor in the Turner Community. She served as a board member for the Turner Recreation Commission for seven years. Denise was a wonderful wife, mother and friend.

Denise lost her fight with colon cancer in September of 2010. In her honor TRC sponsors an annual 5K with the proceeds to benefit charities that meant the most to Denise.

The Hansen Family has chosen to contribute the 2018 5K proceeds to the **Wyandotte County Sheriffs Department, honoring Deputies T. King & P. Rohrer.** The Hansen's hope is they can help families by remembering the fallen heroes and express thanks for giving their lives to protect all of us.



**Date:** Saturday, October 13, 2018

**Time:** 7:30AM start

**Location:** Pierson Park (Shelter #1) 1800 S. 55th, KCK, 66106

**Divisions:** Elementary Age - 1 mile  
12 & older - 5K Walk/Run

**Registration fee:** \$15 Elementary Division  
\$25 12 & older Adult Division  
(includes shirt, water and healthy snacks)

**Registration deadline:** Wednesday, September 26, 2018

You can Register -By Mail: TRC, 831 S. 55th, KCK, 66106

or In Person at the TRC Business Office, 831 S. 55th, KCK, 66106

If you register after the registration deadline you are not guaranteed a race t-shirt

Register in person the day of the race at Pierson Park Shelter #1  
(if you register the day of the race you are not guaranteed a race t-shirt)

**Packet pick up is available on race day at the registration table at Shelter #1**



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## PRIZES

All pre-registered race participants receive a TRC race t-shirt  
**(anyone registered after the deadline will not be guaranteed a race t-shirt)**  
The top 3 runners in each division (elementary, and adults) receive a medal.  
The overall male and female receive a trophy

## RACE DAY SCHEDULE

6:30AM-7:15AM Packet pick-up/race day registration  
7:15AM Pre-race warm-up  
7:30AM Race begins  
Award ceremony following events

## ENTRY FORM AND WAIVER

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\$25/\$15 registration fee; please use a separate registration form for each race participant

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street, City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Division \_\_\_ elementary \$15 \_\_\_ adults (12 & older) \$25

Shirt Size (please circle)      YS      YM      YL      AS      AM      AL      AXL      AXXL      AXXXL

**PARENT OR GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY STATEMENT:** "The undersigned states that he/she understands that the Turner Recreation Commission/Turner Aquatic Center/Turner Unified School District 202 is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in or any injury on said premises, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said TRC/TAC/TUSD202, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said. Also, the undersigned and the participant authorize the TRC/TAC/TUSD202 to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof." **REFUNDS: Refunds will not be granted after the registration deadline.** **CANCELLATIONS:** We reserve the right to cancel any program. **>PARENT OR GUARDIAN DISCLAIMER. >We/I parent(s) or guardians of CHILD'S NAME:** \_\_\_\_\_ hold harmless the TRC/TAC/TUSD202, its officials, coaches and representatives from any claim arising out of injuries or condition caused by or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs. **I GIVE PERMISSION** for the above to participate in the TRC/TAC/TUSD202 Programs, **CONSENT** to the emergency authorizations **AND AGREE** to the liability waivers described above. Registration **INVALID** without a Voluntary Signature of Consenting Parent and/or Guardian of Participant! I have Read & Understand the Waiver Statement, TRC/TAC Code of Conduct Policies, Disclaimer, Refund and Cancellation Policies stated interpreted based on Kansas Law and explained above:

**If under 18 parent or guardian must sign**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



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