ZOMBIE 2K/5K

Saturday, OCTOBER 24Th, 2026

Registration opens at 7AM

Fun Walk Starts at 8AM

Starts/Ends at the Coffey County Law Enforcement Center

$20 Entry Fee **Pre Registration Preferrerd by October 15th**

Pay the day of. Entry fee will be waived if we reach $10,000 ahead of the event. If the fee is waived, the cost for an event t-shirt will remain $20 with all proceeds going directly back to the fundraiser. T-Shirt sizes are limited and available on a first come-first serve basis.

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Coffey County Wellness Circuit

Participating Event

Age Group: 20 & Under 21-35 36-50 51-65 66 & Up

Event (Circle One): Athlete Fun Walk (0.3 mile) 2k Run/Walk (1.25 miles) 5k Bike

5k Run/Walk (3.1 miles)

T-Shirt: *(Sizes are first come- first serve, if participant fee for reaching our $10,000 goal is waived, the cost for a t-shirt will be $20)*

Youth: Large Adult: Small Medium Large XL 2XL 3XL 4XL 5XL

Special Olympics Participant Waiver Completed: (Required, Attached)
Yes _____ No_____

(Signature)_____ (Date)_____

Or Register Online by October 20th at https://charity.pledgeit.org/zombie2026

Follow us on Facebook for up to date event information:
https://www.facebook.com/share/1FZTthy239/

Special Olympics Kansas

TRAINING SERVICES

Online $:_____ + turned in $:_____ = Total_____

SPECIAL OLYMPICS KANSAS, INC.
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the Special Olympics Kansas Law Enforcement Torch Run, , (Zombie 2K/5K), I represent that I understand the nature of running events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that fundraising events involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Kansas, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

By signing, I grant Special Olympics Kansas and Special Olympics, Inc., permission to use my likeness, voice, and words in or on television, radio, film, and on Special Olympics Kansas and Special Olympics, Inc.'s websites(s) or in any other form, format, or media, to promote Special Olympics and its mission to raise funds for Special Olympics.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ _____
Printed Name of Participant Signature of Participant (only if age 18 or over)

_____ _____
Date Signature of Parent/Legal Guardian

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Team/School Name (if applicable) : _____

Please return this form and payment to: Special Olympics Kansas, ATTN: Zombie 2K/5K, 5280 Foxridge Dr., Mission, KS 66202