

Join Us for the 2025 Blue Devil 5k Fun Run!

www.kckcc.edu/wfc

Saturday May 3rd, 2025 @ 8am



Blue Devil 5k Run/Walk

(All Ages)

- T-Shirt
- Finishers Medal
- Goodie Bag
- Pancake Breakfast

Check out our website for more details.

www.kckcc.edu/wfc



PANCAKES!

World Famous Chris Cakes Pancakes

All entrants enjoy a All-You-Can-Eat pancake breakfast following the 5k and have a chance to win prizes in our drawing.



20th Annual Blue Devil 5k Saturday May 3rd, 2025 @ 8am

Upper Level Health Professions Building



Wellness and Fitness Center

Name:				
Address:		City:	State:	Zip:
Date of Birth:	Age on Race Day:	Gender:		F / M
Phone:	Email:			
Shirt Size: Adult: S M L XL 2XL Youth: S / M / L				
Race Entering: Blue Devil 5k				

Entry Fees:

Blue Devil 5k - 3.1 miles

☐ Registration - \$20

RELEASE AND WAIVER: In consideration of your accepting this participation form, I hereby for myself, my heirs, executors and administrators waive and release any and all right and claim for damages I may have against Kansas City Kansas Community College, Campus Police, and all sponsors, workers, race coordinators and volunteers, their representatives, successors or assigns form of ANY AND ALL claim of liability, whether fore-seen or unforeseen for death, personal injury, or property damage arising out of, or in the course of my participation in this event. I agree not to use or make available to others for use of: skateboards, roller blades, bicycles, pets or radio headsets. I understand that running with baby strollers are not permitted and I agree not to do so. Walkers are only allowed to push strollers, for everyone's safety. I also assume any and all other risks associated with participating in this event of the weather and the conditions of the sidewalks, trails, and roads, all such risks being known and appreciated by me. I further grant permission for the free use of my name and or photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

Signature: _____

Date: _____

Parent/Guardian: _____

(if under 18)

Direct Questions to: Rob Crane

(913) 288-7283 • rcrane@kckcc.edu

Make checks payable to and mail to: KCKCC Wellness & Fitness Center, 7250 State Ave. Kansas City, KS 66112