

OUHSC Health Dash

Run/Walk Registration Form

(Registration will be accepted on race day)

Last Name: _____ Circle One: 1mi 5k 10k
First Name: _____ MI: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Day Phone: (____) _____ Birth Date: _____ Age on race day: _____ Sex: M F
Email: _____
Emergency contact: Name: _____ Phone: (____) _____

**SEND REGISTRATION
AND ENTRY FEE TO:**

OUHSC Health Dash
College of Medicine, BSEB 103
Post Office Box 26901
Oklahoma City, OK. 73126-0901

Entry Fee: (Check One)

- \$30: 10K run with t-shirt
- \$25: 5K run with t-shirt
- \$20: 1 mile fun run/walk with t-shirt
- \$22: Children 12 and under with t-shirt, 5K
- \$17: Children 12 and under with t-shirt, 1 mile fun run

*Day of Registration - Add \$3

Shirt Size: (Circle One)

S M L XL XXL

\$_____ Additional Donation to Community Health Alliance.

\$_____ Total (Entry fees are non-refundable)

RACE WAIVER OF LIABILITY (Participant must sign) I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event. I release CMRI, OUHSC, Stillwater National Bank, and any other sponsors/entities affiliated with this race from any claim that I might have arising out of my participation in this event. If I do not follow all rules of this event, I understand that I may be removed from the competition.

Signature of participant or parent / guardian if under 18

Date