

DCTC DASH REGISTRATION FORM

Last Name _____ First Name _____ Age (day of race) _____ Sex _____

Birth date _____ Phone Number _____ Shirt Size S M L XL XXL

City _____ State _____ ZIP Code _____

E-mail Address _____

WAIVER. The undersigned in consideration for DCTC's Foundation allowing my participation in the DCTC Dash 5K acknowledge that my participation in the Run/Walk entails inherent risks such as injury, death and damage to property. Those risks include but are not limited to injury, death or damages resulting from the following:

1. The negligence of DCTC's Foundation, its owners employees representatives volunteers or agents the negligence of guests visitors or persons who may be present at or participating in the Run/Walk; or the negligence of any applicable governmental entities;
2. Slips, trips, falls, crashes or other such accidents that occur while participating in the Run/Walk or which may be caused by other persons participation in the Run/Walk;
3. The negligence or lack of adequate training of DCTC's Foundation employees representatives volunteers or agents who seek to assist with medical or other help either before or after injuries have occurred.

I agree to release from all liability discharge and promise not to take legal action against: (i) DCTC Foundation directors owners employees representatives volunteers or agents (ii) any guest visitor or person present or participating in the Run/Walk; (iii) any sponsor of the Run/Walk their directors owners employees representatives volunteers or agents; or (iv) any applicable governmental entities their directors employees representatives volunteers or agents I agree to release the aforementioned persons from any liability to me my heirs next of kin assigns or personal representatives for any losses damages claims or demand arising out of my death injuries or damages to property even if their individual or collective negligence contributes to such death injuries or damages.

I certify to the DCTC Foundation that I am eighteen (18) years of age or older physically fit have sufficiently trained for participating in the Run/Walk and have not been advised against participating in the Run/Walk by a qualified health professional I freely and voluntarily assume complete personal responsibility for all risks and for my death or any injury or damage that may occur to me or my property as a result of these risks even if such death injury or damage occurs in a manner that is not foreseeable to me at this time I realize that by voluntarily assuming the risks involved I will be solely responsible for my death or any injury or damage that I sustain.

I have read this Assumption of Risk thoroughly and understand the terms. My participation in the Run/Walk and my execution of this Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.

Signature

Date

IF PERSON IS UNDER 18 YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I, the undersigned parent or legal guardian of _____ ("Minor") hereby execute the foregoing Assumption of Risk far and an behalf of Minor and agree to bind myself, Minor and any heirs next of kin assigns or personal representatives to the terms of this assumption of Risk I represent that I have full legal authority on behalf of Minor and I agree to indemnify and hold harmless DCTC's Foundation for any expenses claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Assumption of Risk.

Signature

Date

EARLY BIRD REGISTRATION (\$15)

Make check payable to DCTC Foundation
Print entry form and mail with fee by Sept. 4, 2009 to:

DCTC Dash 5k
c/o Erin Larsen
1300 145th Street East
Rosemount, MN 55068

SPONSORED BY:

ANCHOR  BANK®

HOSTED BY:

 **DAKOTA COUNTY**
TECHNICAL COLLEGE

RACE DAY REGISTRATION (\$20)

Bring completed entry form along with fee on day of race.