



HEALTHY KNIGHT RUN

THURSDAY, MAY 5, 2011 | DAKOTA COUNTY TECHNICAL COLLEGE
1 MILE 4:00 P.M. | 5K RUNNERS 4:30 P.M. | 5K WALKERS 4:45 P.M.

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 _____ Event 5K 1 Mile

WAIVER. The undersigned in consideration for DCTC allowing my participation in the DCTC Healthy Knight 5K acknowledges 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, 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 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 directors, owners, employees, representatives, volunteers, or agents; (ii) any guest, visitors, or persons 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 DCTC 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 for and on 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 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 - REGISTER BY 04/29/11 \$15 (\$10-DCTC students)

Make check payable to DCTC
Mail entry form along with fee by to:
DCTC Healthy Knight 5K/1Mile,
c/o Laura McGlauchlen
1300 145th Street East, Rosemount, MN 55068

RACE DAY - REGISTER AT RACE \$20 (\$15-DCTC students)

Bring entry form along with fee on day of race.

SPONSORED BY: Great Harvest, Runners Gate,
UPS & Blondies Tavern
HOSTED BY: DCTC's Wellness Committee



DAKOTA COUNTY
TECHNICAL COLLEGE

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