THE UNDERSIGNED IN CONSIDERATION FOR DCTC ALLOWING MY PARTICIPATION IN THE DCTC HEALTHY KNIGHT 5K AWARENESS 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 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 participating 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 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 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 insufficient of my full legal authority to execute the foregoing Assumption of Risk.

Signature __________________________ Date ______________________

EARLY BIRD | REGISTER BY 9/21/2023 | $15 ($10-STUDENTS)

REGISTRATION BEFORE SEPT. 21
$15 ($10-DCTC Students)
Make check payable to DCTC.

RACE DAY REGISTRATION
Bring entry form along with fee ($20)
Mail entry form along with fee to:
DCTC Healthy Knight 5K/1Mile
c/o Tom Cross
1300 145th Street East, Rosemount, MN 55068

DCTC is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities by calling 877-937-3282 or TTY: 651-423-8621