



The Physical Therapist Assistant Program presents: PTA 5K & 1 Mile Fun Run

October 20, 2018

**OTC Richwood Valley Campus
3369 W Jackson St.
Nixa, MO 65714**

5K Start Time: 8:30 a.m.
1 Mile Fun Run: 8:45 a.m.

Fee: 5K = \$30.00

1 Mile Fun Run = \$20.00

OTC STUDENTS AND EMPLOYEES
COST = \$20.00

Mail or deliver completed registration form to:
**OTC Richwood Valley Campus
3369 W. Jackson St.
Nixa, MO 65721**

***All checks must be made payable to the
Ozarks Technical Community College***

Online registration available OTC.EDU/5K

For more information call (417) 447-7873 or e-mail
[wallenn@otc.edu](mailto:walleng@otc.edu).

Packet Pickup

Thursday October 18th from 8:00 a.m.- 6:00 p.m.
Located in the Atrium of the Richwood Valey Campus.

Race Day Packet Pickup

On Site Registration 7:30-8:15 a.m.

****Cash or Check Only for same day registration****

All proceeds benefit the **Physical Therapist Assistant Program**, which helps students by funding endowment scholarships.

5K Fun Run & 1 Mile Fun Run

Event Features:

- ✓ Chip Timing by ActNow Racing
- ✓ Aid Stations
- ✓ Course Volunteers
- ✓ Complimentary pre-race & post-race refreshments
- ✓ Event shirt
(register by 10/5/18 to guarantee shirt)
- ✓ On-site security & ample parking
- ✓ Restrooms

Awards

There will be 1st, 2nd and 3rd place awards for the following age groups:

10-19 Male and Female
20-29 Male and Female
30-39 Male and Female
40-49 Male and Female
50-59 Male and Female
60 & over Male and Female

Spectators

Please bring your lawn chair or blanket and cheer on your favorite runner!

Name: _____

Address: _____

Phone: _____

Email: _____

Age: (on race day): _____ Gender: Male/Female (circle one)

Shirt Size (circle one): Adult S Adult M Adult L XL 2XL

****A waiver is on the back of this form. Please read and sign prior to submitting this registration form****

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The effect of this document is to release Ozarks Technical Community College ("OTC") from any liability resulting from your participation in the activities described below, and to waive all claims for damage or losses against OTC which may arise from such activities. Read this document completely before signing.

Participant's Full Name: _____ Date of Birth _____

Participant's Address: _____

Emergency Contact Information:

Name: _____

Telephone: _____

Relationship: _____

I am participating in (check all that apply): 5K trail run 10K trail run

ASSUMPTION OF RISK: I acknowledge that I have been informed of the nature of the above-named activities and that I understand and appreciate the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property. I specifically acknowledge that the above-named activities are physically strenuous and certify that I am fit and capable of participating in such activities, and that I have not been advised otherwise by a qualified medical professional.

RELEASE OF LIABILITY: In consideration of OTC permitting me to participate in the above-named activities, I hereby release and discharge, indemnify and hold harmless OTC and its officers, agents, employees, and any other persons or entities acting on OTC's behalf, and their successors and assigns, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above-named activities.

PHOTOGRAPHIC RELEASE: I understand that I may be photographed during my participation in the above-named activities or events related to the activities. I agree to allow my photograph, video, or other likeness to be used by OTC, and/or any sponsors of the above-named activities, for any legitimate purpose.

OTHER: I have read the foregoing *Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement*, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature; I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of this *Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement* is held invalid, the balance shall continue in full force and effect. I understand that this *Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement* shall be governed by the laws of the State of Missouri and that any claim, lawsuit, or other action must be filed only in the state or federal courts located within Greene County, Missouri.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THE ABOVE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT AND ACKNOWLEDGE

THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ASSIGNS.

Signature of Participant: _____ **Dated:** _____

If Participant is under the age of 18, his or her parent or legal guardian must also sign:

I am the parent or legal guardian of the above-named Participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to this ***Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.***

Signature of Parent or Legal Guardian: _____

Printed Name: _____

Relationship to Participant: _____