

MINER 5K

Miner 5K is sponsored by the Miner Alumni Association; proceeds will benefit our future alumni. This fun-run or walk loops through the Missouri S&T campus during Homecoming Weekend. Proceeds go to the Miner Alumni Association.

THE
WI  **ARDLY**
WORLD OF MINERS
— **HOMECOMING 2014** —

Date: Saturday, Oct. 18

Start & Finish location: Parking lot Q, corner of 10th Street and Spring Avenue, north of the Gale Bullman building

Check in: 9:15–9:45 a.m.

Race start: 10 a.m.

Cost: \$20 by Sept. 15

\$25 Sept. 16–Oct. 10

Includes T-shirt, chip timing and race-end refreshments.

\$25 Oct. 18, race-day registrants will not be guaranteed a T-shirt

Make checks payable to Miner Alumni Association. No rain date. No refunds. For more information, contact **Patti Chism** at chismp@mst.edu

Registration:

Participants can register online at split-secondtiming.com/upcoming-events, or deliver form with payment to the following location:

Split-Second Timing
1411 Ramsey Place
Rolla, MO 65401

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: ____/____/____ Gender: M F Email: _____

Emergency Contact: _____ Phone: _____

I am a: 5K runner 5K walker

I am a: Missouri S&T student Missouri S&T alum Rolla citizen

Shirt Size: XS S M L XL XXL

Release and Waiver (Please read and sign):

I know that the hazards of this activity include, but are not limited to: rigorous exercise and exertion; falling; collision with other participants; collision with vehicles and I further state that I know that injuries can range from minor to serious, including loss of sight, paralysis and death. In consideration of my participation in this activity, I agree, on behalf of myself, my assigns, executors, and heirs, to release and hold harmless the Curators of the University of Missouri, Missouri S&T, the Miner Alumni Association, and the organizers of the Miner 5K. I know that I should not enter this activity unless I am medically able to participate and by signature below attest that I am medically fit to participate. I recognize that there is a potential for injury to both myself and others arising out of the activities. Therefore, I agree to be personally liable for my own acts and to maintain my own medical insurance or otherwise be personally, financially responsible for any medical care which may be rendered to me as a result of my participation.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my legal rights. I agree to be bound by its terms.

Signature of Participant: _____ Date: ____/____/____

Print Name: _____

If participant is less than 18 years of age:

I hereby declare that I am the parent or legal guardian of the named participant and I consent to the participant's participation in this program. In the event of sudden illness, accident, or injury which may occur while my child or ward is engaged in this activity (program), when neither the parents nor guardians can be contacted, I hereby give my consent for emergency medical treatment as necessary under the circumstances to any medical care provider licensed under the laws of the State of Missouri.

Signature of Parent: _____ Date: ____/____/____

Print Name: _____ Phone: _____