

Haunted Hike 5K Run/Walk



Date: October 6, 2012

Registration Time: 9:00 a.m.

Race Time: 10:00 a.m.

Cost: Early Registration \$20
Race Day Registration \$30
Group of 4 \$75

Registration/Starting Line:

Ottawa University Hull Center
1001 South Cedar Street
Ottawa, Kansas 66067

Proceeds will help support the Matt Bollig family

Please make all checks payable to "OU DECA"

For Credit Card Payments Please Call or Email

AWARDS
Prizes will be awarded to the **top 3 male/females** in each age bracket, as well as the **top 3 overall runners.**

WHAT TO WEAR
"Track" Attire—
running shoes, shirts, short, etc.

MAILING INFORMATION
Ottawa University – DECA
1001 South Cedar Street, #628
Ottawa, KS 66067

CONTACT INFORMATION
Oudeca@yahoo.com
785-248-2550

----- Cut ---- On ---- This ---- Line -----

Please complete ALL information below. Thanks!

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Age: _____ Circle One: Male Female

I plan to: RUN WALK RUN/WALK

Shirt Size: S M LG XL XXL

WAVIER OF LIABILITY

I know that running/walking a road and off-road event is a potentially hazardous activity. I should not run/walk unless I am medically able and properly trained. I agree to abide by any decision of the race officials. I assume all risks associated with running/walking in this event, including, but not limited to: falls, contact with other participants, effects of the weather, traffic, and conditions of the road and trail. Having read this waiver and knowing these facts, and in consideration of acceptance of my entry, I waive and release the Ottawa University, all sponsors and representatives from all claims and liabilities of any kind arising from my participation in this event, even though such liability arises from negligence or carelessness on the part of persons name in this waiver. I grant permission to all foregoing to use any photographs, motion pictures, recordings (race times) or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____