



# Northwest Indiana Dental Society 5k For Oral Cancer Awareness

## 5k Run/ Walk

### Saturday, October 13, 2018

### Race Starts at 9:00 AM

- Race Location:** Hidden Lake County Park- 6355 Broadway Merrillville, IN  
(Located just north of Route 30 off of Broadway on the east side)
- Registration:** Race Day registration starts at 7 AM at Shelter 2
- Course Description:** Fast, Flat Course. Mostly Paved.
- Awards:** Awards for Top Male and Female Finishers  
Metals Top 3 Finishers: Ages: 8 and under, 9-13, 14-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69+
- Proceeds:** Benefit the Oral Cancer Foundation
- Entry Cost Info:** \$25.00 Entry includes T-Shirt. Entry Cost \$30.00 after September 29 till Race Day  
T-Shirts Guaranteed for all Pre-Registered Participants.  
Shirts not guaranteed for Race Day Participants. Available until they run out.  
\$5.00 discount given to Calumet Area Striders on mailed registrations. Member Status must be noted.
- Other Information:** Results and Timing by T.H. Timing
- Make Checks to:** Northwest Indiana Dental Society. Mail to: 8018 Tyler St. Merrillville, IN 46410
- Contact:** Keely Bell (219)838-0256, Email: theartofdentistry@sbcglobal.net  
Website: www.thtiming.com or runsignup.com/races for online registration  
Registration ends October 10, 2018 at 4:59 PM CDT

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### NORTHWEST INDIANA DENTAL SOCIETY 5K FOR ORAL CANCER AWARENESS

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**SHIRT SIZE (Circle One):**                      **SM**                      **M**                      **L**                      **XL**                      **2XL**

**Name of Team Affiliation or Group:** \_\_\_\_\_

### WAIVER (MUST BE SIGNED)

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, Northwest Indiana Dental Society, Calumet Region Striders, The Art of Dentistry, PC, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT OR GUARDIAN (IF UNDER 18)** \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED FOR ANY REASON**