



# 1 MILE RUN/WALK 5K RUN - KIDS RUN SATURDAY, JUNE 7, 2008

HEALTHPLEX CAMPUS - 3400 WEST TECUMSEH RD.  
7:30AM 1 MILE WALK/RUN - 8:00AM 5K RUN - KIDS RUN AFTER 5K

CASH AWARD FOR OVERALL MALE & FEMALE WINNERS  
MEDALS AWARDED TO ALL WINNERS IN EACH CATEGORY

\$15.00 ENTRY FEE UNTIL JUNE 1 <sup>ST</sup>	CERTIFIED COURSE - USATF SANCTIONED EVENT
CHILDREN 10 YEARS OLD AND UNDER FREE	PARKING AVAILABLE AT HEALTHPLEX
\$20.00 ENTRY FEE ON THE DAY OF THE RACE	RACE COORDINATED BY DG PRODUCTIONS

T-SHIRT ENTRIES MUST BE RECEIVED BY JUNE 1<sup>ST</sup>  
FOR MORE INFORMATION, CALL 405-307-3176 OR VISIT WWW.HEALTHPLEXRUN.COM

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Age on race day \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_

**SHIRT SIZE:**  S  M  L  XL **RACE:**  Walk/Run  5K  Kids Run (Free) **TOTAL ENCLOSED \$** \_\_\_\_\_

**MAIL GENERIC RACE ENTRY TO NORMAN REGIONAL HEALTH PROMOTION, 901 N. PORTER AVE., BOX 1308, NORMAN, OK 73070-1308. FOR FURTHER INFORMATION CALL 405-307-3176.**

Waiver: I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that although police protection will be provided, there will be a possibility of traffic on the course routes. I assume the risk of participants, the effects of the weather, including high heat or humidity, and the condition of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. I am also fully aware that baby strollers, baby joggers, pushed wheelchairs and wheels of any kind, animals, and headphones are strictly prohibited, and I agree not to have them on the course. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge Norman Regional Health System and its affiliates, their agents, employees, officers, directors, successors and assigns, volunteers, DG Productions, Inc., the City of Norman, and any and all race sponsors, their representatives and successors, from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known sponsors and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Applications for minors accepted only with parent or guardian's signature. Waiver must be signed to participate.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Sponsored by Norman Regional Health System, dedicated to the promotion of a Healthy Community.