

3rd Annual Mouths in Motion 5K Registration Form

Minnesota Student Dental Association

Last Name: _____

First Name: _____

Age: _____ T-shirt size (Y,S,M,L or XL): _____

USATF # (if known): _____

Address: _____

Email: _____

* Must return form before 21 September to guarantee T-shirt*

October 10, 2010

Registration:
10:00 -11:30 am

Race Start:
12:00 pm

Location:
Coffman Memorial Union, U of M
300 Washington Ave SE
Minneapolis, MN 55455

Route:
Double loop around East & West
Banks

Race Fee:
\$20 by Sept. 28, \$25 on raceday

Race Prizes:
-Top Male & Female
- Finisher in each category
- Additional Prizes

On behalf of the MN American Student Dental Association (ASDA), we are proud to be hosting our third 5K run/walk road race with the proceeds benefitting oral cancer research at the University of Minnesota - School of Dentistry (SOD)

Waiver and Release for ASDA 5K

I know that running/walking in a road race is a potentially hazardous activity. I should not enter to run/walk the race unless I am properly trained and medically able to do so. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, and the condition of the race path.

Having read the above waiver and knowing these facts, and in consideration of acceptance of my entry, I hereby waive and release the University of Minnesota, the American Student Dental Association (ASDA), and the U of MN School of Dentistry, and any and all persons and sponsors, from all claims and liabilities of any kind that may arise as a result of my participation. I grant permission for ASDA to use any photographs or motion pictures from the event for legitimate purposes.

If for any reason as a result of my participation in the ASDA 5K, I require medical attention, I hereby authorize medical personnel to provide such medical care as deemed necessary.

A parent or legal guardian must sign if participant is under 18 years of age. ENTRY FEES ARE NON-REFUNDABLE

Print Full Name

Signature (Parent or Legal Guardian if under 18)

Date

Please Mail Waiver and Entry Fee to:

Mouths in Motion 5K
1335 Industrial Boulevard
Suite 200 Minneapolis, MN 55413

Make Checks Payable to: **MN ASDA**

 Thank You to All Our Sponsors!!

For more information visit:
www.mnasda.net