

Dot-to-Dot Run

ENTRY FORM/REGISTRATION

Entry fee must accompany completed form
and is non-refundable.

Please make payment to:

The Rory David Deutsch Foundation
c/o Blue Valley Physical Therapy
6885 W. 151st St. Suite 102
Overland Park, KS 66223

Name _____
Title _____ Date _____
Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____
Email _____

Shirt Size: MALE S M L XL XXL
FEMALE S M L XL XXL

*T-shirts are available while supplies last and are not guaranteed. *T-shirts are available for 10K & 5K Run/Walk participants ONLY.

Age on Race Day: _____ **Sex:** _____M _____F

Individual Event

_____ 10K Run _____ 5K Run/ Walk
_____ Dot-to-Dot Trot (8 & Under)

Registration Fees

_____ **Now until April 9** 5K=\$22 10K=\$30
_____ **April 9 - June 4** 5K= \$25 10K=\$40
_____ **June 5 - Sept 15** 5K= \$28 10K=\$45
_____ **Packet pickup & Race Day** 5K=\$35 10K=\$50
_____ Tax Deductible Donation
_____ No Charge Dot-to-Dot Trot

The Rory David Deutsch Foundation is a 501 (c)3 non-profit organization

WAIVER OF LIABILITY AND RELEASE

The person participating in this event and/or any related activities (the "Event"), and for his or her heirs, administrators, executors and assigns, hereby (1) acknowledges that the Event is potentially hazardous and represents that he or she is physically fit and sufficiently trained to participate; (2) accepts and assumes any and all risks associated with participation, including without limitation falls, physical contact with other persons, traffic, and weather and course conditions; (3) agrees that the sponsors of the Event (including without limitation Blue Valley Physical Therapy, PA and The Rory David Deutsch Foundation) and their respective officers, directors, employees, representatives, officials, agents, workers and volunteers (collectively, the "Sponsors") will not be liable to the participant or any other person or entity for, and the participant will save harmless and indemnify the Sponsors from and against, any and all claims, loss, liability, damage, cost, expense, death or injury to persons or property that may result from his or her participation in the Event (even if allegedly caused by the fault or negligence of any of the Sponsors); and (4) consents to the use of his or her name, picture and/or image in any broadcast, telecast or electronic or print media account of the Event. If the participant is under 18 years old, his or her parent/guardian agrees to all of the foregoing on behalf of the participant.

Date: _____

Signature of Participant (or Parent/Guardian if Participant is under 18 years old)