



September 21st, 2013 at the NSU Tahlequah Campus, Centennial Plaza, Tahlequah OK 74464

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ - _____ - _____ Email _____ @ _____

Age On Race Day _____ Gender (Please Circle) Male / Female

Event: 5K Zombie Run For Your Life, Electronic Chip Timed Run

Shirt Size (Please Circle) Small Medium Large Extra Large

Age group awards will be given 3 deep to the top three males and females in each 5yr age category and 70 on up

**Entry Fees: Fun Run - \$15 --- for Parent Association Members, \$20 --- non-Members
\$25 --- for any entries the day of the event**

All entry fees include a shirt, # bib and timing chip on a first come first serve basis

Total Paid \$ _____ Make Checks Payable to: NSU VETSS



Start Times: Pre-Registration/Check In starts at 6:00am ---- 5K starts at 8am

Signature _____ Date _____

Waiver/Release: I know that running a road such as city streets of Tahlequah is a potentially hazardous activity. I am aware that I should not participate in the NSU VETSS Zombie 5K Run For Your Life unless physically able. I hereby testify that I am medically able to run and have properly trained for the NSU VETSS Zombie 5K Run For Your Life event. I understand the risks of participation and assume full responsibility for injury, accident or illness which may occur during the NSU VETSS Zombie 5K Run For Your Life or while I am on the premises of the NSU Campus and I do hereby release and hold harmless NSU VETSS Organization, Northeastern State University, the officials conducting the event, or any other sponsoring organizations, their agents, officers, employees, representatives and successors, for any and all damages which may be sustained or suffered by me in connection with my association with or entry and participation in, or traveling to and from, the NSU VETSS Zombie 5K Run For Your Life. I grant full permission to NSU VETSS Organization to use my name, photographs, videotapes and/or other recordings of my participation in the NSU VETSS Zombie 5K Run For Your Life, without obligation or liability to me. I have read this agreement carefully, understand it, and certify my agreement to abide by the rules and decisions of any event officials relating to participation by my signature below. I also understand that no refunds will be given and that shirt sizes are based upon availability and that race dates and/or times are subject to change.

Internal Use Only

Reg Pd: Check # _____ Cash _____ Date _____

Notes _____ BIB # _____