

LIGHT IN THE DARK 5K RUN / WALK MEMORIAL UNION PATIO



FORT HAYS STATE UNIVERSITY

September 13, 2013 – 7:30pm Registration; 8:30pm Start Time

Please return this completed form with payment <u>by August 30</u>* to: FHSU Students for Life

Center for Student Involvement, Memorial Union 014, 600 Park Street, Hays, KS 67601

Check or cash only, please. We are unable to accept credit cards. Questions? Call 785-628-5274. Forms also available online at http://tigerlink.fhsu.edu/organization/studentsforlife.

Featuring:

Proceeds will be used for:

☆ ProLife Education / Training / Awareness / Resources

☆ Glow in the Dark T-Shirts☆ Cemetery of the Innocents Mem		peakers to FHSU	ccs	
Some DARK statistics During the past estimated to be 3300 abortions dai But a LIGHT is shining Peop	ily in the United States. 1/3 of the	e current generation is "missing.		
			AMOUNT	
INDIVIDUAL 5K ENTRY AND T-SHI	RT (\$20)			
TEAM 5K ENTRY (UP TO 4 MEMBERS FOR	r \$50)			
Includes up to 4 T-Shirts & Team Entry Fee. Tea	m Name (optional):			
EXTRA T-SHIRTS (\$10 each). Available sizes li	isted in signature area. Quantity /	Size(s):		
Add'l Charge(s) for Plus-size Shirt	'S (2XL: +\$1 3XL: +\$2)			_
If you wish to make a donation to FHSU Students for Life, plea include a separate check, payable to FHSU Foundation . Thank	ase you! Please make checks <u>p</u> a	yable to FHSU. TOTAL:	:	
EACH PARTICIPANT* MUST SIGN	AND COMPLETE ALL	INFORMATION IN TH	HIS SECTIO	ON.
*A PARENT OR GUARDIAN MUST	SIGN WAIVER FOR PARTICI	PANTS UNDER THE AGE O	F 18.	
Additional forms available at	http://tigerlink.fhsu.edu/org	anization/studentsforlife.		
Waiver of Liability, Assumption of Risk, and Indemn In consideration of being allowed to participate in any way in however the same way occur and for whatever period said a representatives or assigns, do hereby release, waive, discharge State University, and all their Board of Trustees, their officer resulting in personal injury, accidents or illnesses (including death	Light in the Dark 5K Run/Walk, activity may continue, hereinafter ce, and covenant not to sue Students, their directors, their employees, t	alled the "Activity", I, for myself, s for Life of Fort Hays State Unive heir agents, and assigns from liabil	for my heirs, per rsity and/or For lity from and all	ersonal r t Hays claims
PRINTED NAME OF PARTICIPANT Individual or	SIGNATURE	DATE	GENDER A	
Team <u>Leader</u> :				
Team Member:				
Team Member:				
Team Member:			_ M / F	
*This race will be chip-timed. Available Late 5K entries accepted up to time o				L: +\$2
CONTACT INFORMATION (Individual or Team I	Leader):			

CONTACT INFORMATION (In	dividual or Team Leader):		
Name:		Date:	
Address:	City	State Zip	
Phone:	E-Mail:	State ZIP	