

Missouri State Medical Association Medical Student Section is pleased to Present:

Dash for Diabetes

Benefiting the Kansas City Free Clinic

Please visit the Kansas City Free Clinic for Information on the clinic: www.kcfree.org

Sunday, October 18, 2009 at SHAWNEE MISSION PARK at 9:00am

7900 Renner Road Shawnee, KS 66218

PLEASE COMPLETE ENTIRE FORM

First Name		Last Name	
Address			
City	State	Zip	
Phone	Male	Female	
Age on Day of Race	Birthday	Email	
Emergency Contact		Emergency Contact Phone Number	

WAIVER AND RELEASE FOR GOOD AND VALUABLE CONSIDERATION: Including permission for the undersigned to participate in the Dash for Diabetes 5K Run/Walk and related activities. I, the undersigned for myself, my successors, heirs, assigns, executors, and administrators agree that prior to participating I will inspect the facilities and equipment to be used and, if I believe any of them are unsafe, I will immediately advise the supervisory person at the facility acknowledge that I fully understand that I will be engaging in activities that involve risk of injury or death, including economic losses which might result not only from my injuries to myself, including medical or hospital bills, permanent or partial disability or death and damages to my property, real or personal caused by or resulting from my participation in the event: covenant not to sue and release, relinquish, waive and discharge the MSMA, MSMA-MSS, AMA, any of the medical schools in the state of Missouri or officials, employees, volunteers, sponsors, and agents from any and all liability, loss, damage, claim or demand arising from or attributable to my participation in this event: agree that photographs, pictures, slides, movies or videos of me may be taken in connection with my participation in the event without compensation from the MSMA-MSS, MSMA, AMA, or any participating sponsor or their permittees and further I consent to the use of photographs, pictures, slides, movies or videos for any legal purpose: warrant that I am in good health and have no physical condition that would prevent me from participating in the event.
I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Signature of Athlete _____ Date _____ (Signature of parent if under 18 years) _____ Date _____
 IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in Missouri State Medical Association Medical Student Section's Dash for Diabetes and related events, is in good physical condition, and that the race medical officials have my permission to authorize emergency treatment and to have access to his/her records, if necessary.

EVENTS:

5K Run/Walk – Please mark one of the following races then select a t-shirt size

Under 12 – Adult Run/Walk - \$20.00	
Medical Student – Adult Run/Walk - \$25.00	School
College/Masters/Doctorate Student – Adult Run/Walk - \$25.00	School
Student – High/Middle School – Adult Run/Walk - \$25.00	School
Regular Adult – Adult Run/Walk - \$30.00	

T-Shirt Size

YXS	YS	YM	YL	YXL	S	M	L	XL	XXL
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*Must register by **October 17, 2009** to ensure receiving a shirt.

PAYMENT INFO

Total Due	\$
Please find the Enclosed Check #	
Please charge my Debit/Credit Card	Card Type
Name on Card	Expiration Date
Card Account #	

*Charges will appear as "Kansas City Free Health Clinic" on your billing statement.

Schedule for the Day:

Registration – 7:00am to 9:00am
 Adult Run – 9:00am
 Adult Walk – 9:15am
 Health Care Fair – 8:00am until noon

Mail completed form and fee to: **MSMA-MSS P.O. Box 414761, Kansas City, MO 64141-0761**

Please make checks out to MSMA-MSS or e-mail form with credit card information to dashfordiabetes2009@gmail.com

Questions? Please e-mail us at dashfordiabetes2009@gmail.com