



# Red Dress Run



Sunday, February 26, 2012 2:00pm

### Event Information

Registration for the 5K Run/3K Walk will be at the Wellness Center and will begin at 12:45pm on 2/26/12. All pre-registered participants must check in at the registration booth. Registration ends at 1:45. Daycare will be provided from 12:30 - 3:00pm.

In honor of the American Heart Month, we strongly encourage participants to wear red. Any participants, **male or female, who wear a red dress** will receive an additional prize!

At registration, participants will receive a number and a long-sleeve t-shirt. Water stations will be placed along the route and refreshments will be available after the event.

Prizes will be awarded to the 5K male & female winners in each of the following categories: 18 & under, 19 to 30, 31 to 55, and 55 & over.

**Questions? Call Jenny Johnson at 785-392-2122 or email her at [jennyjohnson@ochc.net](mailto:jennyjohnson@ochc.net).**

*\*In case of inclement weather the event will be held on March 4th.*

**\*\*Skateboards, scooters, skates, & bikes are prohibited in this event.**

### Registration Due by 2/1/12\*

1. Please return the form below and include the \$15 per person fee. *Kids 10 and under are free. Youth t-shirts may be ordered on the registration form.* Please make checks payable to **Ottawa County Health Planning Commission.**

2. Mail this form & payment to:  
Ottawa County Health Planning Commission  
PO Box 33  
220 E. 9th Street  
Minneapolis, KS 67467

**OR**

Hand deliver form & payment to:  
Wellness Center  
215 E. 8th  
Minneapolis, KS 67467

***\*Late registrations will be accepted, but t-shirt will not be guaranteed after 2/1/12.***

***\*\*All proceeds from the Red Dress Run will be donated to the American Heart Association.***

### Please Complete & Return This Portion

Name: \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle name) \_\_\_\_\_  
Shirt Size: \_\_\_\_\_  
T-shirt guaranteed if submitted by 2/1/12

Address: \_\_\_\_\_  
Street Number & Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Participation (Check one):  5K Run  3K Walk Childcare Needed:  No  Yes How many? \_\_\_\_\_

Check any of the following that apply:

- I have a known heart or breathing condition and need to participate indoors in the Wellness Center.
- I require a wheelchair.
- I would like to order additional t-shirts at \$10/shirt. Quantity & Sizes: \_\_\_\_\_

**Waiver of Liability:** In consideration of my entry being accepted, I waive any and all claims for myself, my administrators, and my heirs against all officials, sponsors, and organizations connected with the Red Dress Run/Walk for injury or illness that may directly or indirectly result from my participation in this event. I attest that I have full knowledge of the risks involved in this event, and am physically fit and sufficiently trained to participate in this event. I also consent to the use of my name, my walk/run results, and photos of myself from the event in any form of promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_