



INDIVIDUAL REGISTRATION FORM

Event Information:	Walk-up Registration Info:
<p>The Mu Tau Chapter of Omega Psi Phi, Inc. cordially request your participation to support our first annual Omega Psi Phi 5K Prostate Cancer Awareness/Celebration Wellness Run/Walk on the morning of September 29th to be held on the campus of the University of Louisiana Monroe (ULM). This event includes free information sessions designed to help prostate cancer patients, their caregivers, those with a family history of the disease, physicians and healthcare providers learn more about the disease and treatment options.</p> <p>Final walk-up registration and warmup will begin at 7:00 a.m. Race will begin at 8:00am. Education and recognition ceremonies will take place from 9:00 a.m. to 12:00 p.m.</p> <p>Program Highlights: ■ Free PSA Screenings ■ Free Information Sessions with local Doctors ■ Special recognition ceremonies ■ Blood Drive ■ Voter registration drive ■ Blood Pressure Check</p>	<p>Friday: 6:00-9:00p.m. ULM @ the Grove Saturday: 7:00-8:00 a.m. ULM @ the Grove registration tent</p>
	<p>Payment Information:</p> <p>\$150.00 Team Registration fee (10 person max per team)</p> <p>\$20.00 Individual Registration fee</p> <p>A free t-shirt will be given to all participants that submit their registration forms on or before September 22nd</p> <p>Payment should be made to: Mu Tau, Inc. P.O. BOX 3041, Monroe LA 71210 Questions? Email us at contactmenshealth@gmail.com</p>

****ALL PARTS OF THIS FORM MUST BE COMPLETED TO REGISTER FOR THIS EVENT.****

Date: _____ Shirt Size: Small ___ Medium___ Large___ XLarge___ XXLARGE___

Name: _____ Age: _____ Sex: M___ F___
(last name) (first name)

Address: _____
City, State zip code

*email address: _____ Team Name or Affiliation

_____ Participant signature

_____ Date

PLEASE READ THIS WAIVER AGREEMENT

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release The Mu Tau Chapter of Omega Psi Phi and Omega Psi Phi, Inc. its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

_____ Acknowledged

_____ Date