

# 6TH ANNUAL MONSTER DASH 5K

The Surgery Center, Oxford Al

October 31, 2020

Registration: 6:30am

Race Start: 8:00am

Age Groups: Trophies will be awarded to the top 3 males and females overall. Medals will be awarded for the top 3 male and females in each age division. Overall winners are not eligible for age group awards.

Age Divisions: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over

Registration: \$27.50 Online @  
https://runsignup.com/Race/AL/Oxford/MonsterDash5kOxfordAl  
\$25.00 By Mail: Postmarked by October 17, 2020  
\$30.00 Day of Race  
ARC ARC Members receive a \$3.00 Discount

For more information call:

Erin Murphy erinlindsey@thesurgerycenter.info  
256-241-7779 (work) 256-452-9256 (cell)

Visit our Facebook Page:

## THE SURGERY CENTER'S 6TH ANNUAL MONSTER DASH 5K

Make checks payable and mail to:

The Surgery Center  
1440 Highway Drive  
Oxford, AL 36203

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ ARC member: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Oct 31, 2020: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Adult T-Shirt size: (circle one) Small Medium Large X Large XX Large

### WAIVER, RELEASE AND INDEMNITY AGREEMENT (Read before signing)

As consideration for acceptance of my entry, I hereby for myself, heirs, executors, administrators and assignees release The Surgery Center, LLC, City of Oxford, sponsors, and race volunteers from any actions, losses or damages that I may incur as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in a high traffic area whether or not such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition or the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages caused to me to any such party or parties and any third parties, by virtue of my participation in this event.

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

(Parent or Guardian if under 18 years old)

*Danielle*  
2012