



**Phi Delta Chi - Beta Rho 5K Run/Walk**  
**Portion of the Proceeds Benefitting St. Judes Children's Research Hospital**  
**September 16, 2017**

**About This Event**

The Beta Rho chapter of Phi Delta Chi is a professional pharmacy fraternity whose members strive for scholarship, serving the community, and brotherhood at Texas Tech University Health Sciences Center at Amarillo. A portion of the proceeds raised from the 1st Annual Phi Delta Chi - Beta Rho 5K Run/Walk will be donated to St. Jude Children's Research Hospital.

**Date and Location**

The 5K walk/run will be held on September 16th, 2017 at Thompson Park located at 2401 Dumas Drive, Amarillo, Texas 79107 in Picnic area 17. Parking will be around this area. For more information on how to register, please contact us at [pd5krun@gmail.com](mailto:pd5krun@gmail.com).

**Contact Person**

Sami Baruwal  
[pd5krun@gmail.com](mailto:pd5krun@gmail.com)

**Race Day Schedule**

7:15 AM- 7:30 AM: Walk-up registration  
7:30 AM-8:00AM Check-in/ T-shirt and Packet Pick Up  
8:00AM-12:00PM 5K Run/Walk

**Entry Fees**

Early Registration w/free t-shirt (through September 9th) \$25  
Late Registration w/free t-shirt (after September 9th) \$35  
T-shirt only \$15  
\*\*\*T-shirt sizes are not guaranteed after August 25th registration

**Awards**

Overall Male and Female, 1<sup>st</sup> place and Age Group Awards (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place).

**Participant Information**

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

Birthdate: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

Gender (Circle one): Male or Female

T-Shirt Size: Adult: XS S M L XL 2XL

Child: S M L

Guardian (if participant is under 18)

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

Phone Number: \_\_\_\_\_

Age Group of Participant (please circle one): 12 and under, 13-19, 20-34, 35-49, 50-64, ages 65 and over

**Emergency Contact**

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

Phone number: \_\_\_\_\_

**Waiver and Release**

I know that running in a race is potentially hazardous activity which could cause injury, illness, or death. By my signature, I attest and verify that I am in good health, have sufficiently trained for this event, and am medically able to perform in this event. In consideration of your accepting this entry, I release, for myself, for my heirs, executors, and administrators, all parties involved in the planning and staging of the Phi Delta Chi-Beta Rho 5K, including their officials, representatives, and sponsors, from, and hereby waive, any and all claims, demands, liabilities, damages, or causes of action of any nature whatsoever, including claims for death, injury or illness, arising out of my participation in the Phi Delta Chi-Beta Rho 5K. Further, I hereby grant full permission to any and all of the foregoing to use my photograph for any other record of this event for any legitimate purpose. This entry is invalid unless submitted and agreed to by entrant. If entrant is under 18 years of age, parent or guardian must submit entry. The official race director reserves the right to reject any entry.

I understand and agree to the waiver and release,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date