OSCI 75th Anniversary 5k/1mile Registration

| First name: | Last name: |
|---|--|
| Age on race day: | _ Gender: □ Male □ Female |
| Email: | Phone: |
| Choose a race to enter: | |
| □ 5K Run/walk □ 1 mile | |
| T-shirt size: Youth Small Youth Media | |
| \$25 (5k run-walk) \$20 (1 mile) \$75 (fami Shirt included in price. | ly rate, immediate family only) |
| Checks (make out to OSCI), or cash Cre | dit cards accepted online registration. |
| Please sign a waiver. Only one needed per Leah Bruxvoort 1784 Hickory Ave New Sh | family. Drop off at Oskaloosa Christian or mail form aron, IA 50207 |
| | |

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, Mahaska County Recreational Foundation, City of Oskaloosa, Oskaloosa Christian School, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects

of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Keeping everyone safe is our priority. Below are anticipated policies. Social Distancing • We will promote safe social distancing practices including maintaining 6 feet of distance between others. • Personal responsibilities will be communicated to athletes, staff, and volunteers prior to the event. Cleaning and Sanitation • We will reduce touch points to minimize physical interactions. • Hand sanitizer will be available throughout the event including packet pickup and high traffic areas. • Screening and At-Rick Persons • Athletes, staff, and volunteers will be asked to self-screen and stay home for any of the following reasons: • Have tested positive with COVID-19 in the last 21 days. • Have experienced or been in contact with someone experiencing any COVID-19 symptoms in the 14 days prior to the event. • Have a body temperature reading of 100 degrees Fahrenheit or higher. • All athletes and especially at-risk persons are encouraged to consult a physician prior to participating. Athlete Responsibilities 1. Feel Sick? Stay Home Athletes, staff, and volunteers will be asked to self-screen and stay home for any of the following reasons: • Have tested positive with COVID-19 in the last 21 days. • have experiences or been in contact with someone experiencing any COVID-19 symptoms in the last 14 days prior to the event. • Have a body temperature reading of 100 degrees Fahrenheit or higher. All athletes and especially at-risk persons are encouraged to consult a physician prior to participating. 2.. Maintain 6 Feet Distance Practice Social Distancing: • Reduce frequency, proximity and duration of contact with others. • Maintain a distance of 6 feet whenever possible. • Avoid congregating before or after the race. 3. Wash Hands • Frequently clean hands with soap and water for at least 20 seconds. • Use hand sanitizer when needed. 4. Avoid Touching Whenever possible, avoid physical contact with: • Other people • Touching your face • Surfaces • Items that are not your own. Coronavirus Event Cancellation and Alteration Policy In the event that the In-Person Race is cancelled due to Coronavirus or similar public health emergency, the Oskaloosa Christian School reserves the right to alter the In-Person Event to be a Virtual Event and will transfer all In-Person Event participants into the Virtual Event. In the event that the In-Person Event is altered to be a Virtual Event, refunds will not be issued.

Date: MM / DD / YYYYY

By checking this box, I agree to the waiver above

Signature (parent/guardian if under 18):