

EVENT SPONSORED BY:
The Herndon Speech-Language-Hearing Clinic

AND

The National Student Speech-Language-Hearing Association



Location: Albertson Hall,
Fort Hays State University

Date: Saturday, May 4, 2013

Registration begins: 9:00 am

Start Time: 10:00 am

Pre-register by April 25th:

\$20 Adult/\$10 Child

Late Registration/Day of:

\$25 Adult/\$15 Child

NAME(S): _____

PHONE: _____

ADULT T-SHIRT SIZES:

SMALL _____ MEDIUM _____ LARGE _____

X-LARGE _____ XX-LARGE _____

YOUTH T-SHIRT SIZES:

SMALL _____ MEDIUM _____ LARGE _____

NUMBER OF T-SHIRTS _____

PAYMENT TYPE: CASH OR CHECK (PAYABLE TO HERNDON CLINIC)

TOTAL PAYMENT INCLUDED: _____

- * Pre-registration fee will include a T-shirt.
- * Late Registration T-shirts will be based on availability.

Mail/Deliver to:

Herndon Speech-Language-Hearing Clinic

Fort Hays State University

Albertson Hall, Room 131

Hays, KS 67601-5366

All proceeds will go toward materials
for the clinic and student scholarships.

Waiver: In consideration of my entry and being allowed to participate in this event, I hereby for myself, my heirs, executor, and assigns waive and release NSSLHA, Fort Hays State University, and any individuals or organizations who assist or support these events from any liability for illness, injuries, or property damage I may suffer as a result of my preparation or participations of this event. I hereby understand and agree to assume all risks associated with my participation in the race. I give permission for NSSLHA and Fort Hays State University to use my name and/or photograph for publicity, fundraising, or any other program. I consent to be treated by licensed medical personnel if any emergency occurs, although neither NSSLHA nor Fort Hays State University will have my liability payment of my costs of such treatment.

Signature of Responsible Party: _____ Date: _____