



QPR Suicide Prevention Training

Psi Beta 5K

Campus and Community Campaign

- **Where:** Northeast Texas Community College Community Room – 2886 FM 1735 Chapel Hill Road
- **When:** Saturday, April 18, 2020, QPR Suicide Prevention Training provided by Dr. Patras, director of the Counseling Center at Texas A&M University-Commerce, begins at 5:00 pm. 5K begins at 7:30 pm.
- **Entry Fee:** \$20 per person if pre-registered (\$25 day of event, if space allows).
- **T-Shirts:** T-shirts will be available to those who have pre-registered and paid by March 26.
- **Registration Options:** For printable forms contact those listed below.
- **Pre-registration deadline:** Monday, April 13th, NTCC Humanities Bldg. Office 128A
Physical address: 2886 FM 1735 Chapel Hill Road, Mt. Pleasant, TX 75455

For more information, contact Karyn Skaar at kskaar@ntcc.edu or 903.434.8293 or Lydia Dickson at Ldickson234@ntcc.edu or Tonya Hammonds at Thammonds715@gmail.com

PLEASE PRINT CLEARLY and complete ALL information

Participant Information

Name: _____ Phone/Email: _____

Address: _____

Age as of April 18, 2020: _____ Date of Birth: _____ Male Female

T-Shirt Size (Circle): Small Medium Large X-Large 2X 3X 4X 5X

Make checks payable to: **NTCC PSI BETA**

Please tell us how you found out about our event: _____

Release of Liability

Northeast Texas Community College, NTCC Psi Beta, sponsors or anyone associated with the run will not be responsible for any injuries or damages at the event. Each participant expressly releases those involved from liability as acknowledged by the participant's signature on this form and gives permission for any photos to be published.

Print Name: _____ Address: _____ City/ST: _____

Phone or e-mail _____ Date: _____ Signature: _____

****Parent/Guardian signature required if participant is under the age of 18****

Minor Release

I, the minor's parent and/or legal guardian, hereby release Northeast Texas Community College, NTCC Psi Beta, sponsors or anyone associated with the run of any injuries or damages incurred during the event and grant permission for photos to be published.

Print Name of Participant: _____ Address: _____ City/ST: _____

Phone or e-mail: _____ Date: _____ Signature: _____