## Please make checks payable to RUN IN TEXAS, 9419 Bluebell Dr. Garden Ridge, TX 78266

IRST NAME	LAST NAME_		AGE ON 7-24	DOB	
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL		SEX M F	3
event 5K	10K TEAM NAME				
-SHIRT: MEN: S	M L XL XXL WOMEN:	S M L XL	NUMBER OF EXTRA ME	ALS AT \$15 EACH:	
issume all risks associonditions, all such issociated with particular produnteers, event provent. I grant full perbligation or liability my signature below.	: I, the person submitting this entry (and ciated with the event and any associated exisks being known and appreciated. I (an icipation, and waive any and all claims, an omoters, sponsors, their representatives, rmission to any and all of the foregoing to me (and my child). I also understand the Furthermore, I understand that trail runity yself responsible for my (or my child's) we	vent or activities, including I d my child, if I'm signing a nd fully release Run In Texa: and successors, from all cla o use my (and my child's) n at entry fees are not refund ning is hazardous. I realize if	out not limited to falls, contact with c s parent or guardian) and anyone e s, the Los Chupacabras de la Noche ims, damages, or liability of any kind ame or photographs, videos, and ot able. I have read this agreement care	other participants, effects of ntitled to act on my (our bushed) and trail Run organizers, end arising from my (or my char recordings of participat of ly, and understand it, and the continuous of the continuous	the weather, traffic, road behalf(s), assume all risks nployees and all race day ilid's) participation in this ion in this event, without d certify my agreement by
GIGNATURE		DATE PAF	RENT SIGNATURE & DATE		(IF UNDER 18)
	Please make checks pa	yable to <u>RUN IN TEXA</u>	S , 9419 Bluebell Dr. Garden I	Ridge, TX 78266	
ADDRESS		CITY	STATE	ZIP	
PHONE		EMAIL		SEX M F	2 6
vent 5K	10K TEAM NAME			<del></del>	
-SHIRT: MEN: S	M L XL XXL WOMEN:	S M L XL	NUMBER OF EXTRA ME	ALS AT \$15 EACH:	
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FIRST NAME	LAST NAM	<u> </u>	AGE ON 7-24	DOB	
PHONE		EMAIL		SEX M F	3
Event 5K	10K TEAM NAME_				
T-SHIRT: MEN:	S M L XL XXL WOMEN:	S M L XL	NUMBER OF EXTRA M	IEALS AT \$15 EACH:	
	NT: I the person submitting this entry (a				

WAIVER STATEMENT: I, the person submitting this entry (and my child, if I'm signing as parent or guardian) agree to abide by the rules and decisions of any event officials, and assume all risks associated with the event and any associated event or activities, including but not limited to falls, contact with other participants, effects of the weather, traffic, road conditions, all such risks being known and appreciated. I (and my child, if I'm signing as parent or guardian) and anyone entitled to act on my (our behalf(s), assume all risks associated with participation, and waive any and all claims, and fully release Run In Texas, the Los Chupacabras de la Noche 10k Trail Run organizers, employees and all race day volunteers, event promoters, sponsors, their representatives, and successors, from all claims, damages, or liability of any kind arising from my (or my child's) participation in this event. I grant full permission to any and all of the foregoing to use my (and my child). I also understand that entry fees are not refundable. I have read this agreement carefully, and understand it, and certify my agreement by my signature below. Furthermore, I understand that trail running is hazardous. I realize if I do not pay attention to the superior trail markings I could get lost. In no way do I hold anyone other than myself responsible for my (or my child's) well being during this race.

SIGNATURE	DATE	PARENT SIGNATURE & DATE	(IF UNDER 18)