FIRST NAME	LAST NAME	AGE ON 8-19	DOB
	CITY		
	EMAIL		
T-SHIRT: MEN: S M L XL XX	(L WOMEN- S M L XL Would you lik	e to purchase an extra	BBQ plate for \$15? How many?
event officials, and assume all risparticipants, effects of the weath and anyone entitled to act on my 10k Trail Run organizers, employe all claims, damages, or liability of use my (and my child's) name or also understand that entry fees al Furthermore, I understand that that if I am not in shape I could he	on submitting this entry (and my child, if I'm signing sks associated with the event and any associated ever, traffic, road conditions, all such risks being know (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, sport any kind arising from my (or my child's) participatio photographs, videos, and other recordings of participer or refundable. I have read this agreement careful rail running in at night is hazardous. I know I could genave a heart attack or stroke. I realize if I do not pay esponsible for my well being during this race. If my ch	vent or activities, incluin and appreciated. I (an inpartial propertion, and waive any onsors, their representa in this event. I grant flation in this event, with and understand it, and theat stroke, break an attention to the super	ding but not limited to falls, containd my child, if I'm signing as parent and all claims, and fully release the stives, The City of Houston, and sucfull permission to any and all of the nout obligation or liability to me (ar nd certify my agreement by my signankle or take a stick in my eye. I a lor trail markings I could get lost. Ir
SIGNATURE	DATE PARENT S	IGNATURE & DATE	(1)
	e make checks payable to <u>RUN IN TEXAS , 9419</u> LAST NAME		
FIRST NAME		AGE ON 8-19	DOB
FIRST NAME	LAST NAME	AGE ON 8-19 STATE	DOB
FIRST NAMEADDRESSPHONE	LAST NAME CITY	AGE ON 8-19 STATE	DOB
FIRST NAME	LAST NAME	AGE ON 8-19 STATE e to purchase an extra E as parent or guardian) a rent or activities, include and appreciated. I (an ipation, and waive any nsors, their representate in this event. I grant first in this event, with y, and understand it, are theat stroke, break an attention to the superi	ZIP SEX M F BBQ plate for \$15? How many? agree to abide by the rules and dec ling but not limited to falls, contact d my child, if I'm signing as parent and all claims, and fully release the tives, The City of Houston, and succ ull permission to any and all of the out obligation or liability to me (an nd certify my agreement by my sign ankle or take a stick in my eye. I ar or trail markings I could get lost. In
FIRST NAME	LAST NAME CITY EMAIL WOMEN- S M L XL Would you like siks associated with the event and any associated ever, traffic, road conditions, all such risks being knowr (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, spo any kind arising from my (or my child's) participation on the properties of the pr	AGE ON 8-19	SEX M F BBQ plate for \$15? How many? agree to abide by the rules and decling but not limited to falls, contact of the contac
FIRST NAME	LAST NAME CITY EMAIL WOMEN- S M L XL Would you like the sassociated with the event and any associated ever, traffic, road conditions, all such risks being known (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, sponany kind arising from my (or my child's) participation shotographs, videos, and other recordings of participation to trefundable. I have read this agreement carefull all running in at night is hazardous. I know I could ge ave a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child.	AGE ON 8-19	SEX M F BBQ plate for \$15? How many? agree to abide by the rules and decling but not limited to falls, contact of the contac
FIRST NAME	LAST NAME CITY EMAIL WOMEN- S M L XL Would you like the sassociated with the event and any associated ever, traffic, road conditions, all such risks being known (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, sponany kind arising from my (or my child's) participation shotographs, videos, and other recordings of participation to trefundable. I have read this agreement carefull all running in at night is hazardous. I know I could ge ave a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child.	AGE ON 8-19	SEX M F BBQ plate for \$15? How many? agree to abide by the rules and decling but not limited to falls, contact of the contac
Please PHONE T-SHIRT: MEN: S M L XL XXL WAIVER STATEMENT: I, the perso event officials, and assume all ris participants, effects of the weathe and anyone entitled to act on my 10k Trail Run organizers, employe all claims, damages, or liability of use my (and my child's) name or p also understand that entry fees an Furthermore, I understand that trathat if I am not in shape I could he hold anyone other than myself res SIGNATURE Please	LAST NAME CITY EMAIL L WOMEN- S M L XL Would you like on submitting this entry (and my child, if I'm signing a ciks associated with the event and any associated ever, traffic, road conditions, all such risks being knowr (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, spo any kind arising from my (or my child's) participation shotographs, videos, and other recordings of participate not refundable. I have read this agreement carefull ail running in at night is hazardous. I know I could ge ave a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child participation is a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child participation is a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child participation is a make checks payable to RUN IN TEXAS, 9419	AGE ON 8-19 STATE e to purchase an extra E as parent or guardian) a rent or activities, includent and appreciated. I (an ipation, and waive any nsors, their representation in this event. I grant fration in this event, with y, and understand it, and theat stroke, break an attention to the superial lidren are running I known GNATURE & DATE	ZIP SEX M F BBQ plate for \$15? How many? agree to abide by the rules and dec ing but not limited to falls, contac d my child, if I'm signing as parent and all claims, and fully release the tives, The City of Houston, and succ ull permission to any and all of the out obligation or liability to me (an d certify my agreement by my sign ankle or take a stick in my eye. I ar or trail markings I could get lost. In w that they could be in great peril. (II
Please FIRST NAME ADDRESS PHONE T-SHIRT: MEN: S M L XL XXL WAIVER STATEMENT: I, the perso event officials, and assume all ris participants, effects of the weathe and anyone entitled to act on my 10k Trail Run organizers, employe all claims, damages, or liability of use my (and my child's) name or p also understand that entry fees an Furthermore, I understand that trathat if I am not in shape I could he hold anyone other than myself res SIGNATURE Please FIRST NAME	LAST NAME CITY EMAIL WOMEN- S M L XL Would you like the submitting this entry (and my child, if I'm signing a ciks associated with the event and any associated ever, traffic, road conditions, all such risks being knowr (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, spo any kind arising from my (or my child's) participation shotographs, videos, and other recordings of participation on the fundable. I have read this agreement carefull all running in at night is hazardous. I know I could ge ave a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my child participation is a present that the participation is a present the participation of the participation is a present that	AGE ON 8-19 STATE e to purchase an extra E as parent or guardian) a tent or activities, include and appreciated. I (an ipation, and waive any msors, their representate in this event. I grant for a the sevent, with y, and understand it, at theat stroke, break an attention to the superial dren are running I known GNATURE & DATE **Bluebell Dr , Garden** **AGE ON 8-19 AGE ON 8-19	ZIP SEX M F BBQ plate for \$15? How many? agree to abide by the rules and decing but not limited to falls, contact of my child, if I'm signing as parent and all claims, and fully release the tives. The City of Houston, and succull permission to any and all of the out obligation or liability to me (and certify my agreement by my sign ankle or take a stick in my eye. I are or trail markings I could get lost. In w that they could be in great peril. (II
PHONE T-SHIRT: MEN: S M L XL XXL WAIVER STATEMENT: I, the perso event officials, and assume all ris participants, effects of the weathe and anyone entitled to act on my 10k Trail Run organizers, employed all claims, damages, or liability of use my (and my child's) name or p also understand that entry fees arr Furthermore, I understand that that if I am not in shape I could he hold anyone other than myself res SIGNATURE Please FIRST NAME ADDRESS	LAST NAME CITY EMAIL L WOMEN- S M L XL Would you like on submitting this entry (and my child, if I'm signing a cisks associated with the event and any associated ever, traffic, road conditions, all such risks being knowr (our behalf(s), assume all risks associated with partices and all race day volunteers, event promoters, spo any kind arising from my (or my child's) participation shotographs, videos, and other recordings of participie not refundable. I have read this agreement carefull ail running in at night is hazardous. I know I could ge ave a heart attack or stroke. I realize if I do not pay sponsible for my well being during this race. If my chi	AGE ON 8-19 STATE e to purchase an extra E as parent or guardian) a rent or activities, include an and appreciated. I (an ipation, and waive any nsors, their representant in this event. I grant fration in this event, with y, and understand it, are theat stroke, break an attention to the superial dren are running I known GNATURE & DATE Bluebell Dr , Garder GRE ON 8-19 AGE ON 8-19	ZIP SEX M F BBQ plate for \$15? How many? agree to abide by the rules and dec ling but not limited to falls, contact d my child, if I'm signing as parent and all claims, and fully release the citives, The City of Houston, and suc- ull permission to any and all of the out obligation or liability to me (an nd certify my agreement by my sign ankle or take a stick in my eye. I ar or trail markings I could get lost. In w that they could be in great peril. [III]

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 the Chupacabra 10k Trail Run organizers, employees and all race day volunteers, event promoters, sponsors, their representatives, The City of Houston, 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's) name or photographs, videos, and other recordings of participation in this event, without obligation or liability to me (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 in at night is hazardous. I know I could get heat stroke, break an ankle or take a stick in my eye. I am also aware that if I am not in shape I could have a heart attack or stroke. 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 well being during this race. If my children are running I know that they could be in great peril.

SIGNATURE	_DATE	PARENT SIGNATURE & DATE	 (IF UNDER 18)