

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



5K-\$35 Through June 19 \$45 through July 5, \$55 after that. 10K- \$40 Through June 19, \$50 through July 5, \$60 after that.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ AGE ON 7-17 DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ SEX M F

Event 5K \_\_\_\_\_ 10K \_\_\_\_\_ TEAM NAME \_\_\_\_\_

**T-SHIRT:** MEN: S M L XL XXL WOMEN: S M L XL 5K-\$30 Through June 21, \$40 through July 11, \$50 after that.

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'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 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)

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