

## 5k Walk/Run

Benefiting Community Problem Solving (CmPS)  
Team H.E.A.L.T.H Projects  
For Sinton Elementary School

**Thursday May 15, 2014 at 6:00PM**  
Sinton High School (begins and end)

**Race Information for both walkers and runners:**  
**Registration: \$10 registration fee-individuals or**  
**\$25 for family (immediate family)**  
**Each family member must complete a form.**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

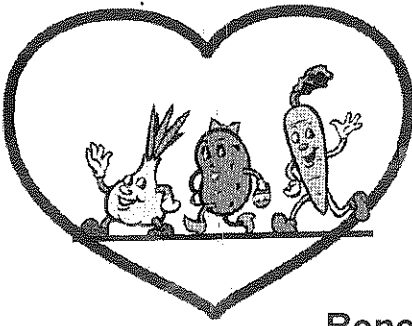
**Check one: RUN:** \_\_\_\_\_ **WALKER:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Waiver and Release** RACE WAIVER: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race, including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and humidity, traffic, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless Sinton High School, Sinton Elementary School, Sinton ISD, the city of Sinton, the race organizer, all other sponsors, and all the agents, employees, officers, directors and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race.

Signature \_\_\_\_\_  
(Parent/Guardian if under 18)

Date \_\_\_\_\_



## 3k Walk/Run

Benefiting Community Problem Solving (CmPS)  
Team H.E.A.L.T.H Projects  
For Sinton Elementary School

**Thursday May 15, 2014 at 6:00PM**  
Sinton High School (begins and end)

**Race Information for both walkers and runners:**  
**Registration: \$10 registration fee-individuals or**  
**\$25 for family (immediate family)**  
**Each family member must complete a form.**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Check one: RUN:** \_\_\_\_\_ **WALKER:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Waiver and Release** RACE WAIVER: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race, including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and humidity, traffic, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless Sinton High School, Sinton Elementary School, Sinton ISD, the city of Sinton, the race organizer, all other sponsors, and all the agents, employees, officers, directors and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race.

Signature \_\_\_\_\_  
(Parent/Guardian if under 18)

Date \_\_\_\_\_