

Slackers 5K

Run/Walk

May 2, 2015

Registration Information

Early (by 4/20/15) \$20.00
 Late (after 4/20/15) \$25.00
 Race Day (5/2/15) \$25.00

Online registration:

racedayeventservices.com

Mail or Drop off Entry Forms to:

Earl & Billye Bradley Wellness Center
Attn: Tessa Culverhouse
P.O. Box 897
Eastland, TX 76448

Contact **Tessa Culverhouse**
 for more information: 254-631-5233
 tessa.culverhouse@emhd.org

T-shirt guaranteed with early registration ONLY!!

Race held rain or shine!!

Race Day Itinerary

7:30-8:15am Registration
 8:30am 5K Race Begins
 9:45am Awards

Race Start & Finish

Earl & Billye Bradley Wellness Center
 Located on South end (Plummer St.) of the hospital.
 Parking will be across the street.

Awards

Medals awarded to - overall male & female finishers, and the top 3 finishers in the following age groups:

Male & Female
 5 & under, 6-10, 11-14, 15-17, 18-20,
 21-25, 26-29, 30-39, 40-49, 50-59,
 60-69, 70 & over

Chip timed by:



Race Day Event Services



For more information online go to:
www.girlsrunningwild.webs.com
www.racedayeventservices.com

Please make checks payable to:
 EMH Wellness Center

Sponsors:

EASTLAND MEMORIAL HOSPITAL



First Name: _____ Last Name: _____ Phone: _____

Date of Birth: ____ / ____ / ____ Age as of 5/2/15: _____ M ____ F ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Shirt Size (circle one): YS YM YL S M L XL 2XL

Emergency Contact: _____ Phone: _____

Entry Fee (Please Circle One)	
Early: by 4/20/15	\$20
Late: after 4/20/15	\$25
TOTAL (NO REFUNDS)	\$ _____

Waiver and Release: In consideration of the foregoing, I myself, my heirs, executors, administrators, personal representatives, successors, and assigns, waive and release any and all rights, claims, and courses of action I have or may have against the event, its primary sponsors, and its affiliates, their agents, employees, officers, directors, sponsors, their representatives and successors, that may arise as a result of my participation in this event and any pre-and post-race activities. As a parent/guardian I understand that I am responsible for knowing the UIL eligibility rules for any youth under my guardianship and take full responsibility for the entrant pertaining to said rules. I attest and verify that I have sufficiently trained for this event. Further, I hereby grant full permission to any and all foregoing to use my photos, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

Entrant Signature: _____ Date: _____

OFFICE USE ONLY

Date rec'd _____
 Bib # _____
 Cash CC Check # _____