

Race Name: _____

Date: _____

REGISTRATION: Mail to **Temple Health & Fitness, 112 Valley Ranch Ct., Waxahachie, TX 75165.**
Drop off at **Temple Health & Fitness, 1601 N. Hwy 77, Waxahachie, TX 75165**

PACKET PICK-UP: Race Day

AWARDS: 5K 1st Overall/Masters male/female, **Top 3:** 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60+.

SILENT AUCTION: Must have payment with you. Various local businesses are donating to our silent auction. There will be several prizes to bid on.

INFORMATION: Call 214-500-0817; TempleHealthAndFitness@yahoo.com; www.TempleHealthAndFitness.net

Award winners' names will be submitted to the *Waxahachie Daily Light*.
Complete results (all finishers) will be posted on *www.TempleHealthAndFitness.net*

Race Name: _____ (May be duplicated.) ****Please print clearly.****
(Please make checks payable to: **Temple Health & Fitness.**)

Name _____ **Age (as of race date)** _____ **Gender:** F ___ M ___

Address _____ **City** _____

State _____ **Zip** _____ **Phone #** _____

Email Address _____

T-Shirt Size: YSmall ___ YMed ___ YLarge ___ Small ___ Medium ___ Large ___ XL ___

(\$3 more) XXL ___ 3X ___ 4X ___ 5X ___

In consideration of the acceptance of this entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may happen to me during this event while I am on the premises of the event, and I hereby release and agree to indemnify, defend and hold harmless the City of Waxahachie, sponsors, promoters, and all other persons or entities associated with this event from all injuries and damages, or otherwise.

Signature

Parent's/Guardian's Signature (if under 18 years old) Date