



5K Run/Walk
Registration & Liability Wavier Form
Each participant/participant guardian must sign this form

* Name: _____ Circle Age Group on Race Day:
* Address: _____ Under 12 13 – 17 18+
* City, State Zip: _____ T-shirt size: S M L XL
* E-mail: _____ T-shirts are adult sizes---**Available to first 100**

Location: Race will begin and end at Mission County Park 6030 Padre, San Antonio 78214

Date: Saturday, February 3, 2018 **RAIN OR SHINE**

Time: 8:00-8:45 am **Registration** 9:00 am **5k Race Start**

Registration: \$20.00-Pre-register by January 15th (\$10.00 for under 12)

\$25.00-Late registrants (\$10.00 for under 12) after January 15th or day of the race

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature

Date

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in the PrEP IN YOUR STEP 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the BEAT AIDS COALITION TRUST, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the BEAT AIDS COALITION TRUST, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature

Date

Please return Registration & Liability Waiver Form to:

BEAT AIDS COALITION TRUST
1017 N. MAIN
SAN ANTONIO, TX 78212