

**Race Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REGISTRATION:** Mail to **Temple Health & Fitness, 237 N. Edgefield Dr, Waxahachie, TX 75165.**  
Drop off at **Temple Health & Fitness, 3221-B Robinson Rd, Midlothian, TX 76065**

**PACKET PICK-UP: Race Day**

**AWARDS: 5K** 1st Overall/Masters male/female, **Age Groups:** 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

Complete results (all finishers) will be posted on *www.TempleHealthAndFitness.net*

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**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 \_\_\_

(\$3 more) XL \_\_\_ 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