## **UMHB CRU 5K and KID K**

## Saturday, October 19, 2013 at 8:00 am

Set a new personal best at this fast, flat, scenic 5k on the beautiful campus of the University of Mary Hardin-Baylor. Or, if a 1 mile fun run/walk is more your pace, come out and join the fun! This event is in association with the University of Mary Hardin-Baylor Alumni Weekend.

AWARDS will be given to th							
Check Appropriate Box:							
Kid K Fun Run (No E	Entry Fee)						
· ·	rt is included in your e teed with early registr				e Day T-shirts are lii	mited	
Age Division for 5K ONLY: (P	Please Circle)						
14 & Under, 15-19, 20-24, 2	5-29, 30-34, 35-39, 40	0-44, 45-49, !	50-54, 55-5	9, 60+			
	ions contact Heather  Or register at <a href="https://">https://</a>	//runsignup.	com/Race/	TX/Belt	on/UMHBCrusader5	<u>K</u>	
\$20 If Paid <i>BEFORE</i>	October 4, 2013						
	ON or AFTER October	AGE_	MALE	OB or			
\$25 If Postmarked  Total Due:  NAME:  ADDRESS	STATE	AGE_  ZIP CO  dministrators, pr  MHB CRU 5k and  rivices, the Univ  in The Event an  cal condition ha	MALE  DE Waiver ersonal repres d Kid K, its Priversity of Mary dany pre- and as been verified	OB or entatives, mary Spo ' Hardin-B I post- eve I by a lice	FEMALE  successors and assigns and their affiliates aylor and affiliates, empent activities. I attest and nsed medical doctor. Fu	s, waive and re , their agents, loyees, officer I verify that I a rther, I hereby	elease any and al employees, offic s, directors, m physically fit a grant full permis
\$25 If Postmarked  Total Due:  NAME:  ADDRESS  CITY  sideration of the foregoing, I, for mystoclaims and courses of action I have of ors, successors and assigns, the City assors and assigns, that may arise as a fufficiently trained for the completion of all of the foregoing to use any photograph.	STATE	ZIP CO	MALE  DE Waiver ersonal repres d Kid K, its Priversity of Mary d any pre- and s been verified ny other record	OB or entatives, mary Spo Hardin-B I post- eve I by a lice d of this e	FEMALE  successors and assigns and their affiliates aylor and affiliates, empent activities. I attest and nsed medical doctor. Further the second sec	s, waive and re , their agents, loyees, officer verify that I a rther, I hereby urpose includ	elease any and al employees, offic s, directors, m physically fit a grant full permis

Make Checks Payable to **UMHB CRU 5K** and mail to:

UMHB CRU 5K and Kid K 900 College Street, Box 8010 Belton, Texas 76513

