



1ST ANNUAL CAVALIER

5K/1MILE FUN WALK

DATE: OCTOBER 18, 2014

PACKET PICK UP/ON SITE REGISTRATION:

6:45AM -7:30AM ~ START TIME: 5K 8:00AM

~1M FUN WALK WILL BEGIN SOON AFTER

DONATION: \$10 BEFORE OCTOBER 17

\$15 ON SITE REGISTRATION

\$10/FAMILY 1MILE FUN WALK

COURSE: START/FINISH @ R.C.J.H EAST SIDE

AWARDS: AWARDS FOR THE TOP 3 F/M IN

EACH AGE GROUP (18 & YOUNGER) (19-24) (25-29) (30-34)
(35-39) (40-44) (45-49) (50-59)(60+)

REGISTRATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Alt. Phone (_____) _____ - _____

E-mail _____

M ☐ F ☐

Please circle T-shirt size. YM YL S M L XL 2X

Emergency Contact Name _____ Phone _____

Circle age group - 5k only

18 & younger

19-24 25-29

30-34 35-39

40-44 45-49

50-59 60+

_____ 5k _____ 1mile walk / fun run

I know that running/walking in a road race can potentially be a hazardous activity. I should not enter the race/walk unless I am properly trained and/or medically able to do so, I assume all risks associated with participating in this even including, but not limited to fall, contact with other participants, the effects of weather, and the condition of the race path. Having read the above waiver and knowing these facts, and in consideration of acceptance of my entry, I hereby waive and release Rafael Cantu Junior High School, and any and all persons and sponsors, from all claims and liabilities of any kind that may arise as a result of my participation. I grant permission for RCJH 5k/1mile fun walk to use any photographs or motion pictures from the event for legitimate purposes (for example in local magazines, websites, and facebook to support Rafael Cantu Junior High School. If for any reason as a result of my participation in the RCJH 5k/1mile fun walk, I require medical attention, I hereby authorize medical personnel to provide such medical care as deemed necessary.

By signing below, I accept & understand the terms of the waiver/release

Signature of runner/parent or legal gaurdian if under 18

Office Use Only

Bib # _____ PLACE: _____