



**WOUNDED WARRIOR
PROJECT**

5K & 1 Mile Fun Run/Walk

May 8th, 2010

Race Day Registration from 7:00 AM – 8:00AM

Race Starts at 8:30AM *sharp*

1 Mile Fun-Run Starts at 9:15AM

Information: www.abilenerunners.com

Mail registrations to

Abilene Runners Club, PO Box 7371, Abilene, TX 79608 or use Active.Com

Last Name _____ First Name _____ Gender: M or F
Address _____ City _____ State ____ Zip _____
Date of Birth _____ Phone _____ Email _____

T-Shirts provided to the first 100 registrants. T-Shirt Size: YS YM YL S M L XL XXL

CHECK EVENT: 5K Run (timed) 5K Walk (untimed) 1 Mile Fun-Run/Walk

<input type="checkbox"/> Registration Fees: <input type="radio"/> \$20 Early Registration, \$15 ARC members (Received by 5/1/2010) <input type="radio"/> \$10 Children 12 and under for all events. <input type="radio"/> \$50 Family Special – up to 4 entries from one family - one form per person <input type="checkbox"/> Late & Race Day Registration: after 5/1, Individual - \$30, Family - \$80 Join the Abilene Runners Club at www.abilenerunners.com and receive \$5 off your race entry!! <p style="text-align: center;">-Include membership form with your entry -</p>	\$ _____ Family entry name _____ _____
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Checks Payable to: Abilene Runners Club WWP 5K
Mail to: Abilene Runners Club, PO Box 7371, Abilene, TX 79608

WAIVER (must be signed with entry): I know that participating in a road race is a potentially dangerous activity. I assume full and complete responsibility for any injury, accident, or any health related issues, which may occur to me during the race, including my death, as a result of my participating in the race, or while I am on the premises of the event and I hereby forever release and hold harmless, and discharge the Abilene Runners Club, the sponsors, promoters, and all other persons and entities associated with the event known as the Abilene Runner’s Club Wounded Warriors Project 5K Family Fun Run, or their agents, employees, volunteers, or otherwise. I further certify that I am in good physical condition and fully able to participate in this event. I grant full permission to any and all the foregoing to use any photographs or records of this event. Further, the City of Abilene is not a sponsor of this event and is held harmless from any claims, suits, causes of action and liability arising out of my participation in this event. I understand that fees are not refundable. I also agree to follow all rules of the event and permit myself to be removed from the competition if, in the opinion of the administrators, my continuing would endanger my health. I have read, understand and voluntarily signed this agreement.

Participant’s Signature _____
Date _____

Signature of parent or guardian if under 18 years old