



March 3, 2012
Minda Street Youth Group
New Self Health
5K Race/1 Mile Walk

- Event Information**
- Start/Finish @ Redbud Park
 - Register Early and Save
 - Walker/Family Friendly Event
 - Certified 5k Distance and Pull Tag
 - Race begins at 9am

- How To Register (Early Registration Ends 2/26)**
1. Mail Registration to: Minda St. COC. (Attn. 5K Race), 701 Minda St., Abilene, TX, 79602
 2. Drop off Registration at Minda St. COC.
 3. Register on the day of the Race.
 4. You can register online at active.com

- Race/Package Pick Up Information**
- Pick up packets at the registration tables when you register and check in.
 - Race/Walk begins and ends at Redbud Park
 - Awards: Overall Female/Male, 1st/2nd/3rd: 12 and under, 13-18, 19-29, 30-39, 40-49, 50-59, 60+
 - For Questions contact the Race Director at (325)725-6169 or email: jhw07a@acu.edu

Last Name _____ First Name _____ Gender: M or F
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____
 Age on Race Day _____ Birthday _____ T-Shirt Size _____ Event: Walk or Run

\$15 Early Registration Through 2/17 (Guaranteed \$20 Registration 2/18-2/25 \$25 Late Registration 2/26-3/3 (Not Guaranteed Shirt)	(Make Checks Payable to Minda St. COC) \$ _____
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Waiver must be signed with entry. I know that participating in a race is a potentially dangerous activity. I assume full responsibility for any injury, accident, or health related issues which may occur to me during the race, as a result of my participating in the race, or while I am on the premises of the event and I hereby release and hold harmless the sponsors, promoters, the race production company, and all other persons and entities associated with the event or their agents, employees 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. I understand that fees are not refundable. I have read, understand and voluntarily signed this agreement.

Participant's Signature _____ **Date** _____
 Signature of parent or guardian if under 18 years old