BISD Project Graduation

“Run For The Grads”

5k Run/Walk

Race Details

Saturday, February 20th 2010

5K Run & Walk (3.2 miles)

Start Time 11:00 am

Start/Finish Sites:
Boerne City Park & Cibolo Nature Center

Registration Fee
12 and under $15.00
Before 2/10/2010 $25.00
2/10/2010 to Race Day $30.00

Awards
Male & Female top Runners
Top Male & Female winners by age categories

10-14	30-39
15-19	40-49
20-29	50-59
	60+

*** Packet pickup Thursday, February 18th from 4:30 to 6:30 at CHS parking lot**

Proceeds benefit BISD Project Graduation 2010

Fill out and mail signed entry form with check or money order payable to
BISD Project Graduation
#1 Greyhound Lane, Boerne, TX 78006

(Post marked by February 10, 2010)

Last Name: ____

First Name: ____

Address: ____

City: _________________ State: _________ Zip: _____________

Cell Phone: _______________ Evening Phone: _________________

General Info: _____Male _____Female

Date of Birth ________________ Age On Race Day _________

Emergency Contact: _______________________________________

Phone: ________-__________-_____________

T-Shirt Size ____ (Adult: S - M - LG – XL Youth: S - M - LG)

I will be ______ Running or _______ Walking

Waiver – All Participants Must Sign

In consideration of the acceptance of this entry, I, voluntarily on behalf of myself, my heirs, executors, administrators, successors and assigns release and forever discharge the Boerne ISD, Project Graduation, the Cibolo Nature Center, and the City of Boerne together with their employees, directors, officers, sponsors, and successors and assigns from any and all rights, claims, causes of action, damages, grievances, and complaints of whatsoever kind or nature whether legal or administrative that I may have or possess as a result of my participation in Project Graduation 2010 5K Run/Walk event. I am choosing to participate in this race event voluntarily and of my own free will. I acknowledge that I have been advised to have a medical physician determine my fitness to participate in this event. The responsibility for that determination is mine. I also acknowledge that the entities named above and the sponsors associated with this event do not carry or provide medical insurance. Therefore, I expressly acknowledge that the cost of any medical or emergency services that may be needed by me as a result of any injury or adverse medical condition that I may experience during the event will be my sole responsibility. I expressly consent that my picture, name, and participation in the event may be used to publicize or promote the event without further obligation of any kind to me. Finally, I acknowledge and agree that the entry fee for this event is not refundable for any reason.

Signature______________________________________
Parent or guardian signature if entrant is under 18

***For Race** Director use only:* □□□
Race number:__________postmarked:_____________ cash/check _______________ chip# ___________