

# RED WHITE & BLUE

5K COLOR FUN RUN

**SATURDAY, MAY 31ST - 8AM**

**BRACKENRIDGE PARK & CAMPGROUND**

- ❖ **Onsite Registration Begins: 7:30AM – CASH ONLY**
- ❖ **Race Begins: 8:00AM**
- ❖ **\$30/participant – Entry includes a finisher medal, bib, hydration stations, and refreshments!**
- ❖ **First Responders receive ½ off! – ID must be shown to receive discount**

## Registration Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Are you a First Responder? Yes/No (If yes, must show proof of ID): \_\_\_\_\_

**Office Use Only:**

Cash:  Total: \$ \_\_\_\_\_

Bib#: \_\_\_\_\_

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**Liability Waiver:**

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Lavaca-Navidad River Authority, Brackenridge Recreation Complex, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

**I understand that my entry fee is nonrefundable, and bib numbers are nontransferable.**

**THE EVENT WILL PROCEED RAIN, SHINE, HOT OR COLD FOR THIS REASON NO REFUNDS WILL BE GIVEN. RACE DATE, TIME, COURSES, AND EVENT DISTANCES ARE SUBJECT TO CHANGE AT ANY TIME FOR ANY REASON.**

**By signing this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date