

DATE, LOCATION, TIME:

June 24, 2017
WINDWARD BEACH CORPUS CHRISTI
7:30 AM

EVENT FEES: (Please check event)**Early Registration**

Adult 5K Run/Walk- \$25
Child 1K(12 & under)- \$15

Regular Registration May 14th - June 23rd

Adult 5K Run/Walk- \$35 **RACE DAY \$40**
Child 1K(14 & under)- \$15



Be the first 200 to get your T shirt & Chance to Win a Prize!

PACKET PICK-UP: Brewsters Street Ice House June 23rd, 2017

RACE DAY REGISTRATION: At Race Site 6:30AM-7:15 am

CONTACT OR MORE INFORMATION:

Alexis Amaro- alexisamaro.ccli@gmail.com

MAKE CHECKS PAYABLE TO: CC Lady Islander Booster Club

MAIL to: PO Box 271354 CC, TX 78427

Name _____ **Gender:** M F

Date of Birth ____/____/____ **Age on Race Day** _____ **Shirt Size:** XS S M L XL XXL

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____ **Amount \$** _____

Email will be used for updates and info about the run.

(Parent signature if under 18)

WAIVER -I acknowledge that running a road/beach race is a potentially hazardous activity that could cause injury or death. I understand I should not enter unless I am medically able and properly trained. By my signature(s), I certify that I am medically able to perform this event and that I am in good health and I am properly trained. I agree to abide by any decision of race official relative to any aspect of my participation in this event. Including the right of any official to deny or suspend my participation in the event for any reason. I assume all risks associated with participating in this event, including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road. I accept all such risks. I will abide by this guideline. Having read this waiver, knowing these facts, and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release V Fit Productions, Play Extreme Sports, The City of Corpus Christi, CCLI Basketball and all sponsors, their representatives and successors from all claims of liabilities of any kind arising from my participation in this event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. By signing this I acknowledge and agree to the above waiver of liability.

Signature of the participant: _____ **DATE:** _____

Signature of parent or guardian: _____ **DATE:** _____