

2017

FCA BEACH DASH 5K ENTRY FORM



SATURDAY, JUNE 3, 2017 / 7:30 AM

ON THE BEACH NEXT TO HORACE CALDWELL PIER - PORT ARANSAS BEACH RD, PORT ARANSAS,
TX 78373

Benefitting Coastal Bend Fellowship of Christian Athletes serving 77 high schools and middle schools and two universities in the greater Coastal Bend area. Your participation will help have an effect on the lives of our youth.

Participant Details

Name(Last, First): _____

Gender: Male Female

Age on Race Day: _____

Shirt Size: YL S M L XL XXL

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Event Fees

EARLY REGISTRATION (Until June 2nd):

- 5K Run ADULTS - \$25
- 5K Run (18 & UNDER) - \$15
- Kids 1K- \$15

RACE DAY REGISTRATION:

- 5K Run ADULTS - \$35
- 5K Run (18 & UNDER) - \$20
- Kids 1K- \$20

RACE DAY REGISTRATION: YES!! 6:30 AM – 7:15 AM

**PACKET PICK UP- JUNE 2, 2017 @ STINGRAYS
401 BEACH AVE, PORT ARANSAS, TX 78373
FROM 3-7 PM**

FOR MORE INFORMATION OR TO REGISTER ONLINE

VISIT:

WWW.VFITPRODUCTIONS.COM

(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 Coastal Bend Fellowship of Christian Athletes, V Fit Productions, The City of Port Aransas, 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/Parent or guardian if under 18: _____ Date: _____

Signature of the participant: _____ Date: _____

For More Information Please Contact David Hyde (361) 749-4158 • Make Checks Payable To COASTAL BEND FELLOWSHIP OF CHRISTIAN ATHLETES, 15206 Main Royal, Corpus Christi, Texas 78418