

BRENT CHESNEY'S



SAND CASTLE 5K RUN & WALK

DATE, TIME , LOCATION:

May 13, 2017

8:00 AM

Bob Hall Pier

!!PET FRIENDLY!!

EVENT FEES: (Please circle one)

Early Registration (Ends May 6th)

5K Run/Walk- \$ 25

5K Run/Walk(Children 14 & under)- \$ 10

Race Day

5K Run/Walk- \$ 35

5K Run/Walk(Children 14 & under) \$ 15

PACKET PICK-UP: Friday May 12, 2017

Mikel Mays, 15820 Park Road 22, CC, TX 78418

5:30 pm-7:30 pm

RACE DAY REGISTRATION: At Race Site 6:45AM -7:45 AM

CONTACT FOR MORE INFORMATION:

Hannah Chipman 361.888.0268, hannah.chipman@nuecesco.com

MAKE CHECKS PAYABLE TO: American Diabetes Association

MAIL to: Nueces County Courthouse, 901 Leopard St., Suite 303.11

Corpus Christi, TX 78401



-----Name_____

Gender: M F

Date of Birth___/___/___ Age on Race Day_____ Shirt Size: YL 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, 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: _____

REGISTER ONLINE WWW.VFITPRODUCTIONS.COM