September 9, 2017
SeaBee Park
Abilene, TX

| S | M | L | XL | 2X |
|---|---|---|---|---|
| | | | | |

| PD | LIST | PCKT |
|---|---|---|
| | | |

# REGISTRATION FORM

Name: _____
Address: _____
City/ST/Zip: _____ / / _____
Phone: _____ Email: _____
Team Name: _____ Age: _____ Shirt Size (Circle): S M L XL XXL

## REGISTRATION OPTIONS: *(Form required for each runner)*

***ADULT = Age 13 & Up*** ***CHILD = Age 12 & Under***

***Individual:***

☐ Adult Regular Registration: $40
☐ Child Regular Registration: $25

***Adult Group Rate:* 5 or more** ***(Group forms must be turned in together)***

☐ Regular Registration: $30 per runner

***Family 4 Pack:*** ***(4 People Max: 2 Adult+2 Child or 1 Adult+3 Child)***

☐ Regular Registration: $80

2: _____ / / Name Age Shirt
3: _____ / / Name Age Shirt
4: _____ / / Name Age Shirt

***DYESS DISCOUNT RATE:***

☐ Adult: $25 ☐ Child: $15 ☐ Dyess Family 4 Pack: $60

2: _____ / / **Name Age Shirt**
3: _____ / / **Name Age Shirt**
4: _____ / / **Name Age Shirt**

## FUN RUN RACE TIMES: **(Mark your preferred race time)**

☐ Group I: (8:30am) ☐ Group II: (9:00am) ☐ Group III: (9:30am)
☐ Group IV: (10:00am) ☐ Group V: (10:30am)

***Pre-Race Packet Pick-Ups:*** ***Thursday (9/7/17): 3pm-7pm ~ Friday (9/8/17): 10am-7pm***
***(D1 Sports - 4351 Ridgemont Dr, Abilene, TX)***

**Participant Waiver:**
I ACKNOWLEDGE that this event includes the potential risks of serious injury or property loss, and I assume the risk of participating in this event, and agree that in the event of race cancellation due to inclement weather, wind or any other unforeseeable conditions, including personal injury, my entry will not be refunded. I HEREBY agree to allow my photograph, video, multimedia or film likeness to be used for any legitimate purpose by the organizers, sponsors, race photographers or others. I AGREE TO WAIVE, RELEASE and DISCHARGE from any claim in respect of death, disability, injury, property loss or damage as a result of or while I am participating in this event, the organizers, AYSA, City of Abilene, directors, sponsors, officials, or volunteer helpers. I AGREE TO INDEMNIFY the persons mentioned above immediately for any or all liabilities or claims made

**Participant**: _____ **Signature**: _____
(Print) (Parent/Guardian signature if participant under 18 years old)
**Date**: _____

(Please return completed form to AYSA Office: 4351 Ridgemont Dr., Suite E, Abilene, TX 79606 or fax 325-695-7840)