

Saturday ~ October 29, 2016

Proceeds benefitting:



**REGISTRATION
@ 7:00AM
5K RACE BEGINS
@ 8:00AM**
*Strollers, Pets and Costumes
are encouraged*
**AT DELEON PLAZA,
DOWNTOWN - VICTORIA**

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Check your Payment: *In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. Registration is available in advance or on race day. [Registration for 6 and under and 60+ is free] Skateboards, skates, scooters and bikes are prohibited on the course. T-shirts limited to the first 75 registrants*

Registration fee:

August 1 – August 31 early Registration.....\$20
September 1 – September 30\$25
October 1 – October 29.....\$30

****Packet pickup available on October 28th from 5:00pm – 7:00pm at DeLeon Plaza**
Electronic timing and scoring provided by IAAP Timing Company

I am not able to participate in this Race but please accept my attached donation \$_____.

EVERY \$1.00 DONATED HELPS THE FOOD BANK PROVIDE 8 MEALS ~ THANK YOU

Age: 6 and under (free) 12-19 20-29 30-39 40-49 50-59 60+ (free) **Gender:** Male Female

T-Shirt Size (Limited Quantities): S M L XL *T-shirts limited to the first 75 registrants*

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this event. I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against the Food Bank of the Golden Crescent, Armstrong Mayflower, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree that this agreement shall be governed by the State of Texas. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Signature of Applicant

Date

Signature of Parent (if under 18)

Date

**Please send/drop off payment and make checks payable to:
FBGC – 3809 E. Rio Grande – Victoria, TX 77901**

FBGC is a 501c3 non-profit organization. If you have questions about this form or the event please contact Shannon Lewis at 361-578-0591 or 361-484-9020 or shlewis@feedingamerica.org.

Hosted by:  **Armstrong Warehouse
and Transfer**

