



BE THE VOICE 5K

Speak Out Against Child Abuse & Sexual Assault

BE THE VOICE 5K Family Fun Walk/Run

Del Rio Community Health Improvement Coalition
Saturday, April 21, 2018

7:00-7:30am Check-in and on-site registration
8:00 am Start
Start/Finish at Buena Vista Park –
Bill Jewell Memorial Softball Field Parking Lot

I am registering for the 5K

Registration Fee:

- \$15* (By April 13)
- \$20 (After April 13)
- \$15* Youth 13-17 Registration (By April 13)
- Children 12 and under are free but must register**

\$15* All active duty military and their dependents, including on race day (with valid ID)

*Pre-Registrants will receive a commemorative souvenir. ** Souvenir may be purchased

First Name: _____ Last Name: _____ Gender: M F

Mailing Address: _____

Phone: _____ Age at Time of Event: _____ Birth Date: _____

Email: _____

Current Base Affiliation: AD CivServ Contract Dep Ret N/A



Please make checks payable to CHIC. Mail registration form & fee to BCFS Health and Human Services-Del Rio, 712 E. Gibbs Suite 200, Del Rio, TX, 78840. For more information, contact Delia Ramos @ (830) 768-2755 or dr1213@BCFS.net.

I, the undersigned voluntarily waive, discharge and release CHIC and all agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring company(ies), agency(ies), or individual(s) from responsibility for any injuries or damages I may suffer as a result of my participation. I hereby certify that I am in good physical condition and an able to safely participate in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. And I also understand that the entry fee is non-refundable and non-transferable. As a participant I certify that all information provided in this form is true and complete. Bib numbers are non-transferable and must be worn on the front of shirt to help insure accuracy of time results. Failure to return the electronic chip transponder will result in a \$30 charge. I have read the entry information provided for the event and certify my compliance by my signature below.

Participant's Signature _____ Date _____
Parent's signature if under 18 _____

If participant is under 18: This is to certify that my son/daughter has my permission to participate in CHIC's 5K and related events, is in good physical condition, and that the event officials have my permission to authorize emergency treatment if necessary.

Running in an event other than the registered event will result in unofficial times and a disqualification for awards.
Course limit 90 minutes



FOR USE BY RACE ORGANIZERS ONLY:

PAID: _____ Category: _____ BIB #: _____