

ÁNDALE DEL RIO



Benefit 5K and 10K Family Fun Walk/Run
Del Rio Community Health Improvement Coalition
Saturday, October 13, 2018
 7:00-8:00am Check-in and on-site registration
8:30 am Start



All Active Duty military register for only \$15 including on race day (with valid ID).

- Start/Finish at Buena Vista Park baseball field (Fox Drive and Kings Way)
- Event is chip timed with WT Technologies and Services
- Awards will be given to overall and age group top 3 finishers
- Supports the Del Rio Community Health Improvement Coalition's health initiatives
- Food, drinks, music and awards provided
- **REGISTER ONLINE AT www.chicdelrio.org or MAIL REGISTRATION FORM BELOW**



-----Cut here. Keep top Half, mail in bottom half with your payment-----

Please make checks payable to CHIC.

Mail registration form & fee to CHIC, 712 E. Gibbs, Ste. 200, Del Rio, TX, 78840

For more information contact Reynaldo Torres @ 830-298-6315, reynaldo.torres26.civ@mail.mil

I am registering for the 5K or the 10K (runners only, no walkers) Course limit 90 minutes

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

The first 100 paid Pre-Registrants will receive a commemorative t-shirt.

- \$15 registration until Sept. 20 T-shirt guaranteed
- \$20 registration after Sept. 20 T-shirt probable
- \$15 youth 13-17 registration by Sept. 20 for guaranteed t-shirt
- Children 12 and under free but must register *t-shirt may be purchased

Name First: Last: MALE / FEMALE

Mailing Address:

Home Phone: - - Age Birth date T-Shirt Size S M L XL 2X

Email:

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

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 am 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.

FOR USE BY RACE ORGANIZERS ONLY: PAID: _____ Category: _____ BIB #: _____