



## Texas Wounded Warrior Foundation 5K and 1 Mile Run/Walk

**Race Date: 9/9/2017**  
**Registration Time: 7:30 AM**  
**Race Time: 9:00 AM**  
**Location: Kid's Kingdom Park**

### Registration Fees:

- Adults \$20.00
- Kids 12 and Under:  
\$10.00

### Sponsors:

- San Angelo Road Lizards  
Victoryd Christian Center Church

Medals will be awarded to the top three female finishers and the top three male finishers in each age group for the 5K. Medals will be awarded to the top three finishers for the 1 mile run. Gift Certificates will be awarded to the overall male and female finishers. Door prizes for runners!

**ALL RUNNERS MUST SIGN A RELEASE FORM AT THE RACE  
IF UNDER THE AGE OF 18, MUST HAVE A PARENT SIGNATURE**

Can register online at: [www.getmeregistered/woundedwarriorrn.com](http://www.getmeregistered/woundedwarriorrn.com)

or Mail in the following Page to:

Dr. Jerry Roach  
Victory Christian Center  
1620 Sunset Drive  
San Angelo, Texas 76901

**CAN ALSO MAKE DONATIONS TO THE TEXAS WOUNDED  
WARRIOR FOUNDATION**

**TEXAS FOUNDED WARRIOR FOUNDATION 5K AND 1 MILE  
RUN/WALK ENTRY FORM      10/10/2015  
PLEASE PRINT LEGIBLY**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Waiver (MUST BE SIGNED)**

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_

**No refunds will be issued for any reason**