

# 2012 Shannon Medical Center Trail Running Series

**Trail Race # 1 – 10k/5k  
Saturday, January 21  
Middle Concho Park**

Trail Race # 2 – 12k/5k  
Saturday, February 4  
San Angelo State Park  
(Chaparral Pavilion)

Trail Race # 3 – 15k/5k  
Saturday, February 18  
San Angelo State Park  
(Chaparral Pavilion)

## Trail Running Series

Mail-in Registration  
Or online registration at:  
TBA

### Prizes:

Top M/F each Race  
& Series winners overall & age  
Division

### Check box that applies for Individual Race Registration:

- Race #1 (5K)
- Race #1 (5K) ASU/Military/SARL members
- Race #1 (10K)
- Race #1 (10K) ASU/Military/SARL members

### Price:

\$15  
\$10 \*ASU, Military must present ID  
\$15  
\$10 \*ASU, Military must present ID

### Check box that applies for SERIES Registration:

- Series: circle one- **Short / Long Course**
- Series: circle one- **Short / Long Course** ASU/MIL/SARL

### Price:

\$40  
\$25\*ASU, Military must present ID

Amount Enclosed: \_\_\_\_\_

T-Shirt Size: S M L XL  
\*SERIES PARTICIPANTS ONLY

SEX: M or F

AGE: \_\_\_\_\_  
(On Jan 21, 2012)

### Mail form & entry fee to:

San Angelo Road Lizards  
PO Box 2851  
San Angelo, TX 76902

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Questions? Contact

Julie Fowler at 325-212-5805  
or email:  
sanangeloroadlizards@gmail.com

Emergency contact name and number: \_\_\_\_\_

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of the weather (including heat and humidity), traffic and road conditions, and all other known risks by me. Having this waiver and knowing these facts on my behalf, waive and release the San Angelo Road Lizards, City of San Angelo, RRCA, race officials, volunteers, and all sponsors, their representatives and successors, from all claims and liabilities of any kind arising out of my participation in this event.

Signature

Date

Signature of Parent or Guardian if under 18

Date