

Run for the Roses 5K

Event Sponsored By



Check Appropriate Box	Event	Enter by Dec. 10	Race Day
	5K Adult (18 and older)	\$20.00	\$25.00
	5K Student (K-12)	\$10.00	\$15.00
	Parade Spectator (I will not be running, but I want to contribute)		
	TOTAL		
SIZE: _____	Race Participant T-Shirt Size (S,M,L,XL,2XL) Sponsored by North Hills Hospital		

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____ Male Female DOB _____

(mm/dd/yyyy)

Each paid race participant receives a t-shirt, BISD Rose Parade water bottle and window cling. Trophies will be awarded to the overall male and female and the top three finishers in each age group. All-Birdville Marching Band commemorative t-shirts will be available on race day for \$15 each.

RELEASE FORM: I hereby hold harmless the Birdville ISD, All-Birdville Marching Band, Birdville Band Boosters, Inc., event sponsors, personnel, officers, directors, employees, agents and volunteers and all other persons, firms, corporations and/or entities or anyone associated with this event, their respective or successors, from and against any and all cause of action suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney fees, court costs, and other expenses resulting from any and all participation in and of the 12/18/2010 Run for the Roses. I certify that I am in suitable condition to participate in this event. Further, I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event.

I certify that I have read and agree to the release form. I further certify that the information presented here is accurate and correct.

Name _____ Date _____
(Printed) (mm/dd/yyyy)

Signature _____
(Parent or Guardian if under 18 years of age)

