

**Registration Form
89th MP Brigade and Lampasas City
10K March against Hunger
5K Fun Run/Walk**



WHEN: 06 March 2010 (SAT)

- **Race Starts 0900**
- **Same day Registration and check-in at 0700**

WHERE: Lampasas, Gavin Garrett Soccer Park

COURSE: 10K moderate to difficult course. 5K moderate to easy course

CAUSE: Percentage of proceeds will go towards Lampasas City need for food

CONTACT: Race Director, 1LT Kaitlyn Hart 254-553-3701, kaitlyn.brye@us.army.mil

Each participant must fill out a separate entry form Race: 10k Run _____ 5K Fun Run/Walk _____
Runtime estimation: _____

NAME: _____ **Age:** _____ **Gender M F (circle one)**
(please print clearly)

ADDRESS: _____

SHIRT SIZE: S M L XL (unisex sizes) *T-shirt guaranteed for early registration only*

CITY: _____ **ST** _____ **ZIP** _____ **Phone** _____

Liability Release: I, intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release and forever discharge any and all rights and claims for damages that I may have or which may hereinafter accrue to me against the U.S. Army, Lampasas City, the 89th Military Police Brigade, its agents, officers, employees, sponsors, their representatives or successors arising out of my association with or participation in this event. I know that participating in a road race is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. I understand that I do not need a physical examination to qualify and that I participate at my own risk. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, the conditions of the road, and the danger of injury or even death, all such risks being known and appreciated by me. I hereby consent to emergency treatment in the event of my injury or illness. I understand that if I do not participate in this race or if this race cannot be held because of an act of God or circumstances beyond the 89th MP BDE's control, any expenses incurred or entry fees paid by me to participate will not be refunded. Information provided will be compiled and utilized for purposes of administering and scoring.

SIGNATURE: _____ **DATE:** _____