

Coppell 5K Run / Fun Run/Walk

Benefitting Coppel Special Olympics Teams

Walk-Up Registration - Individual

Bib Number Assigned (*Internal Use*) _____

Name (Last, First)

Email Address

City, State

Age on 7/1/2017

____/____/____
Date of Birth

Gender (M/F)

IN CASE OF EMERGENCY

Name of local friend or relative:

Relationship to Registrant:

Phone Number:

()

Please check appropriate box:

- \$35 - 5K **LATE** Registration - **Timed?** Yes or no
 \$25 - Fun Run/Walk – **LATE** Registration
 \$0 - Fun Run/Walk – Age 5 and younger

Amount Collected: \$ _____

Cash

Check

Waiver (REQUIRED)

In consideration of this entry, being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims that I may have against GetYouInShape.com, LLC , The City of Coppell, Special Olympics Inc, Special Olympics Texas, Inc., RunTIME, or any of the sponsors involved in the 5k Fun Walk/Run. I certify that I am physically able to participate in this event.

X _____

Signature (parent/guardian signature)

Print Name