

Coppell 5K Run / Fun Run/Walk

Benefiting Coppell Special Olympics Teams

Walk-Up Registration - Family

_____ / _____
Email Address **City, State**

1. _____ **M or F** **Age on 10/24/20** _____ **Date of Birth** ____/____/____
Name (Last, First)
Check One: _____ **Timed 5K** _____ **Non-Timed 5K** _____ **Fun Run** **Bib # Assigned** _____
(Internal Use)
2. _____ **M or F** **Age on 10/24/20** _____ **Date of Birth** ____/____/____
Name (Last, First)
Check One: _____ **Timed 5K** _____ **Non-Timed 5K** _____ **Fun Run** **Bib # Assigned** _____
(Internal Use)
3. _____ **M or F** **Age on 10/24/20** _____ **Date of Birth** ____/____/____
Name (Last, First)
Check One: _____ **Timed 5K** _____ **Non-Timed 5K** _____ **Fun Run** **Bib # Assigned** _____
(Internal Use)
4. _____ **M or F** **Age on 10/24/20** _____ **Date of Birth** ____/____/____
Name (Last, First)
Check One: _____ **Timed 5K** _____ **Non-Timed 5K** _____ **Fun Run** **Bib # Assigned** _____
(Internal Use)
5. _____ **M or F** **Age on 10/24/20** _____ **Date of Birth** ____/____/____
Name (Last, First)
Check One: _____ **Timed 5K** _____ **Non-Timed 5K** _____ **Fun Run** **Bib # Assigned** _____
(Internal Use)

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to Registrant(s):	Phone Number: ()
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Please check appropriate box:

\$35 x _____ # of 5K – **LATE** Registrations = \$ _____
 \$25 x _____ # of Fun Run/Walk - **LATE** Registrations = \$ _____
 \$0 x _____ # of Free - Fun Run 5 & under = \$ _____
TOTAL = \$ _____

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., Compton Timing, 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