					Chip Nos	&
Off	icial E	ntry	/: (Ple	ease <u>Print</u> Cle	arly)	& Assigned on Race Day
Cu	pid's	Co	uple	s Run, 5K &		
Fee: <b>SK Registration - \$25.00 (\$30 after 2</b>	•			, .		
. , , ,				(Chook how	for combined eace	of toammetee)
<ul><li>☐ Cupid'sCouples - \$45.00 (\$55 after 2</li><li>☐ 1K Registration - \$15.00 (\$20 after 2</li></ul>	<u>'/7</u> )			(Check box	Tor combined ages	orteammates)
FOR COUPLES TEAMS: Age Groups:	□ 0-3	80; E	□ 31-	<b>40;</b> □ <b>41-50</b> ;	□ <b>51-60</b> ; □61 <b>-7</b> 0	); □ 71-80; □ 81-90;
	_ ,			1101 440 🗖	444	
				l101 <b>-110</b> , □	111+	
Team Name:	Gene	der:	(Mus	t Have ✓)		
Teammate 1:	M [	] F		Age:	Shirt Size:	Sm, Med, Lg, XL
Teammate 2:	M C	⊐ F		Age:	Shirt Size:	Sm , Med, Lg, XL
Address: State: Zip:	_					eby authorize Michelle Huddleston to obtain
City: State: Zip:	emergency medical care for me, my children, heirs, executors, assigns or administrators in the event accident or illness requiring medical attention while participating in any/all Get racing Events.					
Phone:						r myself, and my children, heirs, executors
Email:						and all rights and claims against or entities associated with this event for any
Emergency Contact: (Name & Phone Number)	_					ildren, my heirs, executors, assigns, and
Emergency Contact. (Name & Frione Number)						by my signature below, that I understand and
					mplete to the best of my knov	that the information given in this registration wledge.
Amount Enclosed:	_	-	·	- ( D ( O (		
			olgnature	of Parent or Guardia	<u>.u</u>	
FOR TEAMS:						
Team Name:	(	3en	der: (I	Must Have 🗸	)	
Teammate 1:	M [	□F		Age:	Shirt Size	<u>: Sm. Med, Lg, XL</u>
Teammate 1:	M [			Age:	Shirt Size	<u>: Sm, Med, Lg, XL</u>
Address:						eby authorize Michelle Huddleston to obtain
City: State: Zip:		е	mergenc	y medical care for m	ie, my children, heirs, execut	tors, assigns or administrators in the event of
Phone:		a	ccident (	or illness requiring r	nedical attention while part	ticipating in any/all Get Racing Events. In r myself, and my children, heirs, executors,
Email:		a	ssigns a	nd administrators he	ereby waive and release any	and all rights and claims against Michelle
Medical Condition:  Emergency Contact: (Name & Phone Number)						es associated with this event for any and all eirs, executors, assigns, and administrators
Emergency Contact. (Name & Phone Number)		during participation in any run. I represent by my signature below, that I understand and agree to the				
	_				horization and that the inform e best of my knowledge.	mation given in this registration form is true
Amount Enclosed:	_	"		and complete to the	, soot of my information	
			ianatura	of Parent or Guardia	ın	
			ngriature	or raicheor Guardia		
FOR 5K:						
	Gen	nder	: (Mu	st Have 🗸)		
Name:	M 🗆	] F		Age:	Shirt Size:	Sm, Med, Lg, XL
Address:						
						eby authorize Michelle Huddleston to obtain tors, assigns or administrators in the event of
City: State: Zip:		a	ccident d	or illness requiring r	medical attention while par	rticipating in any/all Get racing Events. In
Phone:						or myself, and my children, heirs, executors and all rights and claims against
Email:		N	1ichelle H	luddleston, her spon	sors and all other persons of	or entities associated with this event for any
Medical Condition:						ildren, my heirs, executors, assigns, and y my signature below, that I understand and
Emergency Contact: (Name & Phone Number)		а	gree to t	he terms of this rele	ease and authorization and t	that the information given in this registration
	_	fo	orm is tru	e and correct and cor	mplete to the best of my know	vledge.
Amount Enclosed:	_	S	ignature	of Parent or Guardia	<u> </u>	
		L	J			
Make Checks Payable To: MHE, 5805 S. Woodcreek	Circle, N	/lcKir	ney, Te	exas 75071		