

STRIDING *for* WELLNESS

Flight to Freedom from stigma 5k and 1 mile

Benefitting the Heart of Texas Region MHMR

Where: Brazos Park East, off MLK Jr. Blvd between Herring Ave and Lake Shore Dr., Waco, TX

When: Saturday, May 6, 2017. 5k starts - 8:30 a.m. 1 Mile starts - 9:45 a.m.

EARLY registration by **April 21st** for **\$20** after April 21st & on race day fee is **\$27** – covers both 5k and 1 mile

MAIL to: Molly Howard

PO Box 890

Waco, TX 76703

OR

DROP off during business hours:

110 S. 12th St.

Waco, TX 76701

CASH or **CHECKS** only and make payable to Heart of Texas Region MHMR.

Questions? Contact Molly Howard at 254-297-7065

Registration and packet pick up will begin at 7:30 am on race day

5k Awards for top male & female overall and in the following age categories: 19 & under, 20-29, 30-39, 40-49, 50-59, and 60 & up

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ AGE: _____ M: ___ F: ___

EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____ **ADULT SHIRT SIZE:** S ___ M ___ L ___ XL ___ XXL ___ **YOUTH SHIRT SIZE:** M ___



AGREEMENT TO PARTICIPATE

I, _____ (please print name) understand and agree to participate in the Heart of TX Region MHMR Center Integrated Wellness program Striding for Wellness 5K and/or 1 mile.

By agreeing to participate, I acknowledge that this wellness activity requires some physical participation and may be strenuous at times and could result in various injuries or aggravate certain physical conditions. I knowingly assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road. I understand that any concerns about my ability to participate in Striding for Wellness 5K and/or 1 mile should be addressed with my physician.

I understand that no one at Heart of TX Region MHMR Center is guaranteeing my safety and I agree to personally assume all risks involved in participating in the Striding for Wellness 5K. I also understand that Heart of TX Region MHMR Center, its employees, volunteers and agents are not responsible for any claim, loss or damage which may result from my participation.

SIGNATURE OF PARTICIPANT

Signature

Date

If participant is a minor or is unable to give consent, parent or guardian must sign below.

Printed Name of Signature

Relation

Signature

Date