

# ROCK YOUR



## 5K FUN RUN

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**Saturday, August 12, 2017**

**8:00 am**

**Paloma Pachanga**

**Registration Fees**

**\$20 per individual**

**Kids 5 & Under are free – no shirt.**

**Register by August 4, 2017, to guarantee a shirt.**

**THIS IS A CROSS COUNTRY RUN...**

Late Registration/Race Day Registration will be available but there will be a limited number of shirts available. Registration forms are available at the Chamber office or online at [www.hondochamber.org](http://www.hondochamber.org). Return completed forms and fees to the Hondo Chamber of Commerce Office, 1113 17<sup>th</sup> Street, Hondo, TX 78861.

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Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Circle one:    Male            Female

Shirt Size: YS    YM    YL    AS    AM    AL    AXL    AXXL    AXXXL

I know that running a road race is a potentially, hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained. By signing below, I certify that I am medically able to perform this event, am in good health, and am properly trained. I assume all risks associated with running 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 – all such risks being known and accepted by me. I understand that bicycles, skateboards, roller skates or rollerblades are not allowed in the race, and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Hondo Area Chamber of Commerce, Hondo, Texas, and all sponsors, their representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence and carelessness on the part of the persons named in this waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent

If under 18 \_\_\_\_\_ Date \_\_\_\_\_