

Last name			First name				
Address			Apt #				
City			State Zip				
Work phone			Alt. phone				
Email address			HARRA #				
Sex: Male	je	Date of Birth					
T-shirt size:	X Small	Small	Medium	Large	X Large	XX Large	
Division: In	ndividual	Relay					
Relay division:	Male	Fema	le Mixe	ed			
Relay name:	(each relay m	ember must f	ïll out an entry f	orm and they s	hould be presen	ted together)	
Waiver: I acknowled potential for death, City 10 Miler. I hereby trained for this ever Sports, for any and released or dischar understand and tak	injury and prop y certify that I an nt. I agree not to all claims or lia ged herein. I he	erty loss. I HE capable of co sue or hold h bilities that I'v reby authorize	REBY ASSUME ompleting this rad narmless any pe ve waived, e medical treatm	THE RISKS OF ce and that I am rsons, sponsor ent for any inju	PARTICIPATION physically fit and s, volunteers, page 1	I IN THE Space I that I've sufficiently articipants, TriGirl	
Signature:					Date:		
Parent/Guardian Signature:				Date:			
Make check payable to: On The Run Race Management					Amount Paid:		
Mail to: On The R	un 2427 Bay Ar	ea Blvd, Hou	ston TX 77058				
ABSOLUTELY NO	REFUNDS. ENT	TRIES ARE NO	OT TRANSFER	ABLE OR EXC	HANGABLE.		
Frant Faces							

 Catagory
 On or Before Jan. 25
 After Jan. 25
 Raceday

 10 Miler
 \$50.00
 \$55.00
 \$60.00

 2 Person Relay
 \$75.00
 \$85.00
 \$95.00