



MAY 13, 2017 8AM

- Start/Finish at Buena Vista Park baseball field (Fox Drive and Kings Way)
 - First 100 people to register get a swag bag
 - You must register no later than 7:30 AM May 13
- Awards will be given to overall and age group top 3 finishers
 - Proceeds to benefit Friends of Del Rio Animals

DONATIONS OF DOG/CAT FOOD ARE WELCOMED HOWEVER NOT NECESSARY.

· Please make checks payable to Del Rio Walk Wag Run
 · Checks and money orders can be dropped off at Del Rio Chamber of Commerce. **NO CASH!**
For more information contact delriowalk_wag_run5k@yahoo.com

I am registering for the 5k WITH an animal

I am registering for the 5k WITHOUT an animal

\$15 Registration

Children 12 and under free but must register

Name First and Last: _____ Male/Female: _____

Mailing Address: _____

Home Phone: _____ Age: _____ Birth Date: _____
On event Day

Email: _____

I, the undersigned voluntarily waive, discharge and release Del Rio Walk Run Wag and all agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring company(ies), agency(ies), or individual(s) from responsibilities for any injuries or damages I may suffer as a result of my participation. I hereby certify that I am in good physical condition and am able to safely participate in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. And I also understand that the entry fee is non-refundable and non-transferable. As a participant I certify that all information provided in this form is true and complete. BIB numbers are nontransferable and must be worn on front of the shirt to help ensure accuracy of time results. I have read the entry information provided for the event and certify my compliance by my signature below.

Participant's Signature: _____ Date: _____

(Parent's Signature if under 18)

If participant is under 18: this is to certify that my son/daughter has my permission to participate in Del Rio Walk Wag Run and all related events, is in good physical condition, and that event officials have my permission to authorize emergency treatment if necessary.

FOR USE BY RACE ORGANIZERS ONLY: PAID: _____ Category: _____ BIB#: _____