

# Going

# Nuts

## Family 2K and 5K Run/Walk/Roll

### REGISTRATION FORM

When: Saturday, October 24, 2009

Where: Downtown Seguin - Central Park

Start Time: 3:00 pm

*Hosted by the Seguin Convention & Visitors Bureau Sports Marketing Committee*

#### **Open Invitation to ALL:**

**Runners, Walkers, Families with Strollers and Friends with Disabilities**

Separate Entry/Registration Form for each participant is required. Photocopies will be accepted.

Please check one:

2K Walk/Roll/Run       5K Walk/Run

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Participant's Date of Birth \_\_\_/\_\_\_/\_\_\_      Emergency Contact: \_\_\_\_\_

Early Registration until Wednesday, October 21 (5 pm) to be guaranteed entry gift.  
Registration will be accepted on day of event. Entry gift will be given while supplies last.

\* Awards will be given for each age division \*

x \$15 per adult (18 years +)       x \$10 per participant (ages 6-17)       x Participants 5 years of age and younger FREE

Cash       Check # \_\_\_\_\_      Total Amount for this entry \$ \_\_\_\_\_

Make checks payable to Seguin CVB

#### Release and Indemnity

I know that running, walking and/or rolling in an event is a potentially hazardous activity. I will not enter and run, walk or roll unless I am medically able to do so. I assume all risks associated with running, walking and/or running in the event, including but not limited to the effects of weather, traffic, course condition and course surfaces, falls and contact with other runners, walkers rollers, volunteers and spectators. It is understood by the undersigned that this run, walk and roll event in entered at the sole risk of the undersigned and that knowing these facts in consideration of the Pecan Fest and Heritage Days operated by Seguin Convention & Visitors Bureau, its officers, its employees, City of Seguin, event sponsors, volunteers and organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive all claims against, and release, save harmless and indemnify them, I hereby acknowledge I have read this release and waiver and by registering in the event I understand and accept its terms.

Signature \_\_\_\_\_ Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Return completed form with payment to:

Seguin CVB—Going Nuts

P.O. Box 710 Seguin, TX 78156

www.seguinonuts.com      1-800-580-7322