The Texas Walk Across the Texas Panhandle and South Plains is raising funds to provide education and awareness while raising money for research for these silent conditions. Most people overlook the severity of these conditions because those diagnosed with the conditions at times look and act normal. The National Organization of Rare Disorders (NORD) lists Chiari, Dysautonomia, and EDS. These are conditions several individuals experience. Since there is minimal progress for finding a cure at this time, the walk allows individuals plague by all the conditions to stay connected with different organizations attempting to find a cure through research while some of their research and information is committed to improving the quality of life for diagnosed individuals.
Please cut and send in this portion with your check.

Mail Entry Form or Email the form:
Katie Klaehn
6505 Acacia
Amarillo, TX 79124
Email: TheoryOfEverythingAmarilloTX@yahoo.com and remit payment online
http://theoryofeverythingamaarillotx.com

Make Checks to: Walk Across Texas Panhandle

FULL NAME: ______________________________________________________

AGE: _____ SEX (M or F): ____ PHONE: ____________________________

ADDRESS: ___________________________________________

CITY: _____________________ STATE: _________ ZIP_______

Check one: RUNNER: _____ WALKER: _____

Email Address __________________________

Child Shirt Size ____ Small ____ Medium ___ Large ____ XL _______ XXL_____

Adult Shirt Size ____ Small ____ Medium ___ Large ____ XL _______ XXL_____

Color:  Navy  Green  Gray

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter
unless I am medically able and properly trained. I assume all risks associated with running this
event. Having read this waiver and knowing these facts and in consideration of you accepting
my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the City
of Amarillo, Theory of Everything, Walk Across the Texas Panhandle and Texas South Plains
and related disorders group, and all sponsors, their representatives and successors, for all claims
or liabilities of any kind arising out of my participation in this event.

________________________________________ __________________
Signature (Parent’s Signature If under 18)        Date