

#AmaRunTogether



OUR COLORS RUN TOGETHER | 5K



JUNE 22nd 2019

An event to

Celebrate Remember Honor

all those affected by a cancer diagnosis

Complete entry form with check payable to:

Harrington Cancer & Health Foundation
Our Colors Run Together
500 S. Taylor, Ste. 1060
Amarillo, TX 79101

Or Register ONLINE @
www.AmaRunTogether.com

Start/Finish
Amarillo College/ AMoA Parking Lot

Competitive Start 9:00am
Non-Competitive Start 10:00am

Participant Name _____ Gender M F DOB: _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

T-Shirt Size S M L XL XXL

Race	Regular	After 5/17/19	After 6/1/19
5K- Non -competitive	\$20	\$30	\$40
Kids- under 12	\$15	\$25	\$35

PAYMENT METHOD CASH CHECK # _____



Waiver and Liability Release (required)

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, in good health, and am properly trained. I agree to abide by any decision of the race officials relative to any aspect of my participation in this event, including the right of any official to deny, suspend, or withdraw my participation for any reason. I attest that I have read and understand the rules of this race and agree to abide by them. I agree to assume full responsibility for all risks associated with walking or running in this event, including but not limited to: falls, contact with other participants, effects of the weather, traffic and conditions of the route or road, and all risks, known or unknown. I understand that bicycles, skateboards, roller-skates or roller blades, and animals are not allowed in the race and I will abide by all race rules. I understand that personal music players during the race are not prohibited, but strongly discouraged for safety, and I accept any and all safety risks associated with the use of a personal music player during the race.

RELEASE AND INDEMNITY

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 and indemnify Harrington Cancer and Health Foundation, City of Amarillo, race directors, volunteers, event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability is caused in whole or in part by the negligence of the entities and persons hereby released.
I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Print Name

Signature (parent or guardian if under 18)

____/____/____
Date