



Benefitting The Bridge Children's Advocacy Center

September 12th, 2020 @ 7:30 AM – Get Fit, 1911 S. Georgia

Please check your race: 5K _____\$25 Half Marathon _____\$70

2 Person Relay Female _____\$100- 2 Person Relay Male _____\$100-2 Person Relay Mixed _____\$100

4 Person Relay Female _____\$120-4 Person Relay Male _____\$120-4 Person Relay Mixed _____\$120

The 4 person mixed team must consist of at least 2 females. Team Name _____

Race entry prices increase by \$20 on Packet Pick-Up day.

*****NO RACE DAY ENTRY*****

- Awards will be given for overall, masters, and age group winners in the 5K and Half
- Awards will be given for male, female, and mixed winners in the relays.
- **Finisher Medal for all Finishers**
- Register online at www.getmeregistered.com

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ email: _____

Age on Day of Race: _____ Gender: _____Male _____Female

Shirt Size: S M L XL XXL (\$5 extra) **Please circle shirt size.**

In return for its agreement to accept this entry form, I hereby release *Get Fit*, its officers, directors, agents, representatives, and the volunteers, sponsors, promoters, and all other persons associated with *Get Fit* from liability for any injuries received by me (or if the participant is a minor, then I release them from liability for injuries received by the minor for whom I am responsible) during participation in this sporting event, which includes all post-race activities through the end of the awards ceremony and the conclusion of the event. I recognize that participation in the event sponsored or in any way supported by *Get Fit* exposes me and/or my family member(s) to risks including, but not limited to, running-related injury, traffic, and other risks including cracks in the roadway or sidewalk, uneven running surfaces, slick conditions, other participants in the race, weather-related hazards, and post-race accidents of any type. Notwithstanding these potential risks and possibly other unanticipated risks, all of which cannot be listed, **I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY (OR MY FAMILY MEMBER'S) ATTENDANCE AT OR PARTICIPATION IN THIS EVENT.**

Signature (Parent's signature for entrant under 18)

Date

Please make checks payable to: *Get Fit*.

Mail entry form and fee to:
Get Fit
1911 S Georgia
Amarillo, TX 79109

Packet Pick-up at *Get Fit* Sept. 11th-4:30-5:30 pm
kmrob98@yahoo.com
806.350.4262