

BLOODSUCKER'S VAMPIRE 5K

OCTOBER 31, 2013

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

AGE ON RACE DAY: _____ GENDER: _____

5K VAMPIRE RUN/7:30PM/\$25 _____ ONE MILE WALK/6:45/\$10 _____

PLEASE CHECK WHAT YOU WILL BE RACING AS. IF YOU ARE REGISTERING AS A CLAN THERE IS A THREE PERSON MINIMUM AND A FIVE PERSON MAXIMUM. THERE IS NO REQUIREMENT TO ROLE PLAY YOU ARE ALLOWED TO JUST RUN AS YOURSELF, HOWEVER; YOU WILL NOT QUALIFY FOR A PRIZE. REGISTERING BEFORE OCTOBER 26, 2013/10PM GETS YOU AN EXTRA LIFE!! (DAY OF REGISTRATION \$30run/\$15walk)

HUMAN: _____ VAMPIRE: _____ HUMAN CLAN: _____ VAMPIRE CLAN: _____ NUMBER IN CLAN _____

CLAN NAME: _____

WAIVER

In consideration of the acceptance of my entry, my executors, administrators, and assignees, I do hereby release and discharge The City of San Angelo, sponsors, United Blood Services and The Fitness Zone, their officials and members of all claims and damages, demands and actions whatsoever in any manner arising or growing out of my participation in the 5K Run/Mile Walk on October 31, 2013. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

Signature

Date

Parent's Signature (If entrant is under 18 years)

Date

Registration fee due at The Fitness Zone 2801 W Loop 306 Suite B San Angelo, TX 76904/325-947-8000

PAYMENT TYPE: (all check and money order payments should be made out & delivered to The Fitness Zone)

CASH: _____ CHECK: _____ CREDIT CARD _____ MONEY ORDER: _____