



5K & HALF MARATHON

NEW HALF RELAY & VIRTUAL OPTIONS!

SATURDAY

OCTOBER 23, 2021

DELEON PLAZA • VICTORIA, TX

REGISTER ONLINE AT ACTIVE.COM

OR CITIZENSRUNAGAINSTCANCER.ORG

MUSIC & ENTERTAINMENT BY JP PRODUCTION DJ SERVICES

PACKET PICKUP: OCTOBER 22, 2021 • 5 PM - 8 PM • CITIZENS HEALTHPLEX • 9406 ZAC LENTZ PARKWAY • VICTORIA, TX

Participant Name _____ Gender ___ M ___ F DOB (REQUIRED) ___/___/___

I am a cancer survivor!

CHOOSE RACE:

- _____ 5K WALK/RUN
- _____ HALF
- _____ HALF RELAY
- _____ VIRTUAL 5K
- _____ VIRTUAL HALF

CIRCLE PRICE:

	REGULAR PRICE	AFTER 10/10/21	AFTER 10/18/21
5K	\$30	\$35	\$40
HALF	\$70	\$80	\$90
HALF RELAY (2 PERSON)	\$100	\$110	\$120
VIRTUAL 5K	\$30 (INCLUDES MAILING, RACE BIB, MEDAL, & T-SHIRT)		
VIRTUAL HALF	\$70 (INCLUDES MAILING, RACE BIB, MEDAL, & T-SHIRT)		

T-SHIRT SIZE S M L XL XXL XXXL

Address _____ Zip Code _____ City _____ State _____

Phone Number _____ Email _____

Emergency Contact Name & Number _____

Payment Method: ___ Cash ___ Check # _____ or Sponsor Name _____

Mail completed entry form with check or money order payable to:

**Citizens Medical Center
Education Department/Run Against Cancer
2701 Hospital Drive | Victoria, TX 77901**

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 CITIZENS MEDICAL CENTER, CITY OF VICTORIA, RACE DIRECTORS, VOLUNTEERS, ALL 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