



## **Dr. Alfredo Gutierrez Jr. Amphitheater**

**Check-In & Onsite Registration 7:00 AM**

**Opening Remarks 7:30 AM**

**Fun Run/Walk Begins @ 8:00 AM**

- **Start/Finish at Dr. Alfredo Gutierrez Jr. Amphitheater**
- **T-shirts & Medals to participants (while supplies last)**

**Contact: Elsa Reyes @ 830-703-5324**

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**Please make checks payable to: City of Del Rio**  
**Participants of all ages must complete a registration form.**

**\$15 Pre-registration (Adult)**

**\$10 Pre-registration (7-18 yrs. age)**

**\$20 Day of Registration**

**Free 6 and under**

***Please Print***

**Name First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Email** \_\_\_\_\_

I, the undersigned voluntarily waive, discharge and release the City of Del Rio and all agencies whose property and/or personnel are used, and other sponsoring or co-sponsoring company or individual(s) from responsibility from any and all liability, claims, suits, demands, or causes of action which may arise from my participation in this event for any injuries or damages I or my property may suffer as a result of my participation. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in participating in this physically taxing event. I further understand that, if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this participation, I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this physical agility test.

By signing this waiver, I intend to bind my heirs, executors, administrators, successors and assigns. I understand the terms of this release are a contract. Before signing this release, I read it fully and acknowledge that I understand it. I have signed this document of my own free will.

I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. And I also understand that the entry fee is non-refundable and non-transferable. As a participant I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify any compliance by my signature below.

If participant is under the age of 18: This is to certify that my son/daughter has my permission to participate in the City of Del Rio, subject to the above waiver, and that the event officials have my permission to authorize emergency treatment if necessary.

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature under 18**

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