

Southeast Texas Dental Center
Partnered with
Harvest Church

Saturday @7:00pm

October 9, 2021



190 N. Zavalla St.

Jasper, Texas

Supporting Active Minds

REGISTRATION FORM Please fill out a separate form for each participant. Male Female

First Name (please print)	Last name	Age
Address	City	State/Zip code
Phone Number	E-Mail	Emergency Contact & Phone

T-Shirt Size (circle one)

YOUTH SIZES XS S M L

ADULT SIZES S M L XL 2XL 3XL

NOTE: Shirts are provided to all pre-registered participants. Those registered after Sep. 28^h are not guaranteed a shirt or correct size.

Registration Fees:
(Children 12 and under must be accompanied by an adult)

ADULTS \$25

KIDS \$15 (12 years and under)

Checks and registration forms can be dropped off or mailed to Southeast Texas Dental Center 190 N. Zavalla St. Jasper, TX 75951.

Waiver & Release Statement:
(All athletes must read & sign.)
I have read the event information and understand the policies of the event. I know that running or walking a trail race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risk associated with my voluntary participation in this event, including but not limited to falls, contact with other participants, the effects of weather, traffic and all conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE, AND DISCHARGE Southeast Texas Dental Center, Color 5k walk/run, the City of Jasper, all sponsors, race officials, workers or volunteers, their representatives, successors or assigns for ANY AND ALL claims or liability, for death, personal injury or property damage arising out of, or in the course of my participation in this event. I further grant full permission to the above mentioned sponsors, organizers, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, or other record of the event for any purpose.

Signature of Participant _____ Date _____
(Or signature of parent/guardian if under age 18)