**A person running with a flag and text

Description automatically generated**

OFFICE USE

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_

Form of Payment: \_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Saturday, May 11, 2024  **All Proceeds Benefit Jasper VFW Post 6380**

**Location:** Jasper VFW, 251 N Main St. Jasper, TX **Course:** The race will begin and end at the Jasper VFW

**Start Time:** Veteran Memorial will begin at 8 a.m. **Awards:** Awards ceremony will begin following last

Onsite registration/check in at 8:30 a.m. runner/walker

Race will start at 9:30.

**Registration:** Make checks payable to: Jasper VFW **Entry Fee:** Adults $25

Forms & payment can be dropped off or mailed to: Kids $15 (12 and under must be accompanied by adult)

Southeast Texas Dental Center

Attn: Run to Remember 5K

190 N. Zavalla Jasper, TX 75951

**Race Day Info:** Veteran Memorial 8AM. pre-registered participants can pick up their goodie bags (bib, map, and t-shirt) on Race Day starting at 8:30 am, t-shirts are not guaranteed to participants who don’t register by April 18th. Race starting at 9:30AM.

For more information about the event or updates visit us online at [www.setxdc.com](http://www.setxdc.com) or on our Facebook page or contact Jennifer (409) 384 -5091

**REGISTRATION FORM**

**Please fill out a separate form for each participant.**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial \_\_\_\_\_

 Male  Female Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on Race Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip code \_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size** (circle one) Youth **Size:** XS S M L XL **Adult Size:** S M L XL 2XL 3XL

**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 or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_