# TexasMedRun

## 10K, 5K, AND 1K RUN + 5K WALK

Saturday, FEBRUARY 8, 2020
8:00 am to 11:00 am
1115 N. MacGregor Way
Houston, TX 77030

Phone: 713-566-6409 Fax: 713-566-6449
Email: Carolyn.Amos@HarrisHealth.org
Register online at
www.HCHDFoundation.org/2020TexasMedRun
www.Facebook.com/TexasMedRun

Start Times:

8:00 am — 10K Run*
8:15 am — 5K Run
8:30 am — 5K Walk
9:00 am — 1K Kids Run

*Visit us online for a parking map. Plan ahead and account for high volumes of traffic. Street closures begin at 7:00am.*

## Race

| | Aug 21—Feb 7 | Feb 7—Feb 8 |
|---|---|---|
| Timed—10K | $35 | $45 |
| Timed— 5K | $25 | $35 |
| Non-Timed —5 K | $20 | $30 |
| Kids (12&Under) | $15 | $20 |

_____ $25 — **I'M SLEEPING IN**

_____ $5 — Sport Tek Dri-Fit T-shirt Option
(Not available in youth sizes )

Circle Shirt Size

Youth: XS S M L Adult: S M L XL XXL XXXL

## Register

Team Name _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Sex M F DOB _____

Email _____ Harris Health Employee Yes No

## Payment

$_____ Cash $_____ Visa/Amex/MasterCard $_____ Check made payable to **HCHD Foundation**

Card Number _____ Exp Date_____

Name on Card_____ Signature _____

## Waiver

**Entry Is Invalid Unless Signed By Entrant**

By signing this form I fully understand that I waive and release any and all claims for myself and my heirs against the Harris County Hospital District Foundation, the City of Houston, Harris Health System, and all sponsors, volunteers, officials or agents of this event for any injury, damage or illness which may directly or indirectly result from my participation in the 18th Annual Texas Med 1K, 5K, 10K Run and Kids Zone. My claims remain waived even though liability may arise out of negligence or carelessness on the part of persons mentioned above or other entities. I further state that I am in proper physical condition to participate in this event.

I hereby grant full permission for my likeness, photograph, motion picture or name to be used for any publicity, and/or promotional purposes without obligation or liability to me.

In case of inclement weather, natural disaster, or other unforeseen extraordinary circumstances, the HCHD Foundation management reserves the right to cancel the event and/or modify the event for safety concerns. Under such circumstances, there will be absolutely no refunds or transfer of entries to future HCHD Foundation events. Harris County Hospital District Foundation pledges to make every effort to produce a fair, safe and exciting event for all. Any decision we make to go forth with the race is based on the overall event safety. Management reserves the right to reject or accept a race entry for any reason. By signing I fully understand each participant must accept any such risk of their entry fee paid. I agree to the above waivers and disclaimers. **(You must accept to participate in the race.)**

Signature required: _____ Date: _____

I accept the waiver printed on this form. Parent / guardian must sign if participant is under 18.