



BUFFALO STAMPEDDE

HALF MARATHON & 5K

Saturday, October 13, 2018

Registration Form

Complete Entire Form

Please print neatly with capital letters - One entry per form - Photocopies OK

Name (first) _____ (last) _____

EMAIL (required) _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Emergency Name _____

Emergency Contact Phone _____ (Check one) M ___ F ___

Birthday ____ / ____ / ____ Age on 10/13/2018 ____ T-shirt size: S ___ M ___ L ___ XL ___ 2XL ___

\$5 Discount for Online Registration

Place "X" by Race Category

Half Marathon Registration Fee

Mar- May 31..... \$75 _____

June 1- Aug 31..... \$85 _____

Sept 1 - Oct 12.....\$90 _____

RACE DAY.....\$95 _____

5K Registration Fee

Mar - May 31.....\$30 _____

June 1- Aug 31.....\$35 _____

Sept 1 - Oct 12.....\$40 _____

RACE DAY\$45 _____

Donation to Buffalo Stampedede _____

Total Enclosed _____

Please make check payable to:

Brazos Valley Museum of Natural History

WAIVER (Signature Required)

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release, and forever discharge the event organizers, sponsors, promoters, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature of Athlete _____ Date _____ Signature of Parent if under 18 yrs. _____ Date _____

IF ATHLETE IS UNDER 18: The signature certifies that my son/daughter has my permission to participate in the event. The signatory has read the foregoing RELEASE AND WAIVER LIABILITY AGREEMENT and by signing above intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.