

Coppell 5K Run / Fun Run/Walk

Benefiting **Coppell Special Olympics Teams**

Walk-Up Registration - Individual

Bib Number Assigned (*Internal Use*) _____

Name (Last, First)

_____/_____
Email Address **City, State**

Age on 9/25/2021 _____ **Date of Birth** ____/____/____ **Gender (M/F)** _____

IN CASE OF EMERGENCY

Name of local friend or relative:

Relationship to Registrant:

Phone Number:

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Please check appropriate box:

- \$35 - 5K **LATE** Registration - **Timed?** Yes or no
- \$25 - Fun Run/Walk – **LATE** Registration
- \$0 - Fun Run/Walk – Age 5 and younger

Amount Collected: \$ _____ Cash Check

Waiver (REQUIRED)

In consideration of this entry, being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims that I may have against GetYouInShape.com, LLC , The City of Coppell, Special Olympics Inc, Special Olympics Texas, Inc., Chip-2-Chip, or any of the sponsors involved in the 5k Fun Walk/Run. I certify that I am physically able to participate in this event.

X _____
Signature (parent/guardian signature) Print Name