

7th ANNUAL DOROTHY'S DASH FOR MS OFFICIAL ENTRY FORM

Check No. _____ Amount \$ _____ Race No. (official use only) _____

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ / _____ / _____

(race day age) (Month Day Year) Sex: (Circle one) M F

Shirt Size: (circle one) Youth M L Adult S M L XL XXL

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Personal Chip #: (official use only) _____

"I know that running or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release, The Town of Flower Mound, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even if that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. Race will be held regardless of weather conditions. Registration is final, no refunds."

Signature (entrant or parent/guardian if participant is under age 18)

Date

EARLY REGISTRATION

(postmarked by November 5)

- Kid's K - \$10
- 5K Run/Walk - \$20
- Group (10+ runners) - \$15

Group Name: _____

LATE REGISTRATION

(in person after November 5)

- Kid's K - \$15
- 5K Run/Walk - \$25
- Group (10+ runners) - \$20

Group Name: _____

Additional donation to MS _____

Total \$ _____

Make Checks Payable To:

Town of Flower Mound
Parks & Recreation Division
1200 Gerault Road
Flower Mound, Texas 75028