



PARTICIPANT INFORMATION

First Name: _____

Last Name: _____

Gender: _____ Male _____ Female

DOB: ____/____/____ Age: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

First Name: _____

Last Name: _____

Phone: _____ - _____ - _____

Cell: _____ - _____ - _____

Relation: _____

Please list any medical conditions, allergies, or medication medical personnel may need to be aware of:

EVENTS:

REGISTRATION: DONATION OF NONPERISHABLE CAN FOOD:
 5K RUN/WALK/STROLL @ 9AM
 Edinburg City Hall
 415 W. University Drive -Edinburg

PRIZES TO: 1st, 2nd and 3rd Costume for children and adults.

Joining (please check mark):

- ◇ 5K (5 Cans per participant of Non Perishable Can Food)
- ◇ Family Guided Bike Ride (Free)

RELEASE & WAIVER OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

In consideration of being permitted to participate in the Hidalgo County Metropolitan Planning Organization's Walk-N-Rolla activities, I hereby make known that I will hold blameless in the case of accident injury, or damage of any kind, the officers, members, volunteers, organizers and sponsors of Walk-N-Rolla.

I recognize that some Walk-N-Rolla activities are potentially dangerous and involve the risk of serious bodily injury including permanent disability, paralysis and death. I represent that I am in good health and proper physical and mental condition to participate in such activities.

I understand that all activates are on public roads with motor vehicles or public trails and that I participate at my own risk.

I understand that this event or related activities, I or my child may be photographed. I agree to allow any photo, video or film from the race and related activities to be used for any legitimate purpose by the event holders, sponsors, organizers and assigns.

BIKE RIDE: I understand that a bicycle is a legal vehicle of the road in the state of Texas, and I will ride in accordance with the Texas Vehicle Code. I further recognize that safety is my personal responsibility and I agree to participate in keeping all activities safe. I am aware of the policy that all participants under the age of 18 must be accompanied by a parent or responsible adult. Even though bicyclists may not be required by Texas law to wear helmets, I understand that wearing an approved helmet will greatly reduce my risk of serious, permanent injury.

I acknowledge and agree to the Release and Waiver of Liability & Assumption of Risk Agreement

 Participant Signature

OFFICE USE ONLY

DONATION: \$ _____

Change:\$ _____

Check #: _____

Race #: _____

Receipt #: _____