

REGISTRATION FORM

**8AM / SATURDAY / BOERNE MAIN PLAZA
JUNE 6, 2026**



5K ENTRY FEES:

4/14/26 Early Bird (guaranteed shirt): \$35

4/14/26 – 5/15/26: \$40

5/16/26 – 6/5/26 (not guaranteed shirt size): \$45

6/6/26 Race Day (shirts upon availability): \$50

FREE ENTRY for deaf and hard-of-hearing

Contact Aid the Silent for special code 210-868-6616 (voice),
210-996-8648 (text) or email info@aidthesilent.com

Packet Pick-Up:

Thursday, 6/4/26, 12-6pm

Aid the Silent, 8126 Broadway, San Antonio, TX 78209

Friday, 6/5/26, 11am-6pm

Rudkin Productions, 34910 IH-10 West, Bldg #701, Boerne, TX 78006

Race Day Schedule:

7:00-7:40am Registration, Packet & Timing Chip Pickup

7:45am Pre-Race Announcements & National Anthem

8:00am Race Begins

Awards:

Gun-timed: Overall Male & Female

Chip-timed: Top 3 Male & Female in each age group

9 & Under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Note: Age group awards will be based on chip time.

**REGISTER ONLINE AT:
aidthesilent.com/5k**

All proceeds will benefit Aid the Silent. Funds collected will help equip deaf and hard-of-hearing children and teens with the necessary tools to find personal success through offering the monetary resources to fund Deaf Ministry, Deaf Education, Deaf Awareness and Deaf Resources.



PRESENTED BY



REGISTRATION:

Online: aidthesilent.com/5k (closes 6/5/26 @ 6pm)

Mail-in: (postmarked by 5/25/26)

Please make all checks payable to Aid The Silent

Aid the Silent, 8126 Broadway, San Antonio, TX 78209

Email: info@aidthesilent.com

Phone: 210-868-6616

PAYMENT:

TOTAL ENTRY FEES: _____

Method of Payment Check Cash Credit Card

Visa MasterCard Discover American Express

Credit Card Information

Name on Credit Card _____

Card # _____

Exp Date _____

CVV _____

Billing Address of Credit Card Holder _____

Authorized Signature _____

Date _____

RACER INFORMATION & WAIVER

All participants are required to submit a waiver in order to participate. One waiver per person.

Adult shirt sizes: S M L XL XXL **Youth shirt sizes:** YS YM YL

Best efforts will be made to approximate T-shirt count, however T-shirts are not guaranteed.

RUNNER 1

NAME

DOB	Gender	Shirt Size	BIB NUMBER
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Mobile #

WAIVER: I, _____, as a parent/guardian for _____ in the above event, assume all risks of an injury, sickness or health defect including death, resulting from or receiving during participation in this race. In consideration of acceptance of this entry, I and anyone entitled to act on my behalf waive and release Aid The Silent, the City of Boerne, IAAP, all sponsors and assisting agencies from all claims or liabilities of any kind arising from participation in this event. I grant permission to be photographed and/or videotaped for media usage.

Signature (parent if participant is under 18)

Date

RUNNER 2

NAME

DOB	Gender	Shirt Size	BIB NUMBER
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Mobile #

WAIVER: I, _____, as a parent/guardian for _____ in the above event, assume all risks of an injury, sickness or health defect including death, resulting from or receiving during participation in this race. In consideration of acceptance of this entry, I and anyone entitled to act on my behalf waive and release Aid The Silent, the City of Boerne, IAAP, all sponsors and assisting agencies from all claims or liabilities of any kind arising from participation in this event. I grant permission to be photographed and/or videotaped for media usage.

Signature (parent if participant is under 18)

Date

RUNNER 3

NAME

DOB	Gender	Shirt Size	BIB NUMBER
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Mobile #

WAIVER: I, _____, as a parent/guardian for _____ in the above event, assume all risks of an injury, sickness or health defect including death, resulting from or receiving during participation in this race. In consideration of acceptance of this entry, I and anyone entitled to act on my behalf waive and release Aid The Silent, the City of Boerne, IAAP, all sponsors and assisting agencies from all claims or liabilities of any kind arising from participation in this event. I grant permission to be photographed and/or videotaped for media usage.

Signature (parent if participant is under 18)

Date

RUNNER 4

NAME

DOB	Gender	Shirt Size	BIB NUMBER
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Mobile #

WAIVER: I, _____, as a parent/guardian for _____ in the above event, assume all risks of an injury, sickness or health defect including death, resulting from or receiving during participation in this race. In consideration of acceptance of this entry, I and anyone entitled to act on my behalf waive and release Aid The Silent, the City of Boerne, IAAP, all sponsors and assisting agencies from all claims or liabilities of any kind arising from participation in this event. I grant permission to be photographed and/or videotaped for media usage.

Signature (parent if participant is under 18)

Date