



Aid the Silent 6th Annual 5K Walk/Run

REGISTRATION FORM

SATURDAY, SEPT. 19, 2020

Main Plaza | Boerne, TX | 8:00 a.m.
100 N. Main St. Boerne, TX 78006

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.

Entry Fees:

Stay at Home Special 4/1/20 - 4/30/20 (guaranteed shirt): \$25
Early Bird 5/1/20 - 7/17/20 (guaranteed shirt): \$30
 7/17/20 - 8/20/20 \$35
 8/21/20 - 9/18/20 (not guaranteed shirt size): \$40
 9/19/20 Race Day Registration (shirts upon availability): \$45

Registration:

Online: aidthesilent.com/5k (closes 9/18/20 @ 6pm)
Mail-in: (postmarked by Sept. 14th)
 Aid the Silent, 34910 IH-10 West, Bldg 701,
 Boerne, TX 78006
 Email: info@aidthesilent.com
 Phone: 830.249.1744 Fax: 830.249.2624

FREE ENTRY for deaf and hard-of-hearing
 Contact Kathy for special code (830) 249-1744 (voice),
 (210) 885-8326 (text) or email info@aidthesilent.com

Packet Pick-Up:

Thursday, 9/17/20, 12-6pm
 Rudkin Productions
 34910 IH-10 West, Bldg #701, Boerne, TX 78006

Friday, 9/18/20, 11am-6pm
 Oak Hills Church (ROOM W105)
 19595 IH-10, San Antonio, TX 78257

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+

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

Race Registration

PLEASE MAKE ALL CHECKS PAYABLE TO AID THE SILENT

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	AGE	GENDER	SHIRT SIZE	BIB NUMBER
RUNNER 2	AGE	GENDER	SHIRT SIZE	BIB NUMBER
RUNNER 3	AGE	GENDER	SHIRT SIZE	BIB NUMBER
RUNNER 4	AGE	GENDER	SHIRT SIZE	BIB NUMBER

MasterCard
 American Express
 Discover
 VISA
 Total Entry Fees: _____

BILLING ADDRESS _____ CITY _____ STATE/ZIP _____

NAME ON CARD _____ CARD NO. _____ EXP. DATE _____ CVV _____

SIGNATURE _____

EMAIL FOR RACE UPDATES _____ MOBILE # _____

PLEASE FILL OUT **WAIVERS** ON THE BACK OF THIS FORM.

Aid the Silent 6th Annual 5K Walk/Run
WAIVER FORM
SATURDAY, SEPT. 19, 2020
Main Plaza | Boerne, TX | 8:00 a.m.
100 N. Main St. Boerne, TX 78006

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

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: _____

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: _____

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: _____

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: _____

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: _____

Send completed forms to: (by postmark date 5/10/19)
Aid The Silent, Attn: Kathy - 34910 IH-10 West, Building #701, Boerne, TX 78006
or fax 830-249-2624 or email info@aidthesilent.com