

Come celebrate our
10TH ANNUAL RUN!
aidthesilent
5K ★ 10K
WALK or RUN

JUNE 1, 2024

— 8AM » BOERNE MAIN PLAZA —

5K ENTRY FEES:

4/14/24 Early Bird (guaranteed shirt): **5K** \$35
 4/15/24 – 5/15/24: **5K** \$40
 5/16/24 – 5/31/24 (not guaranteed shirt size): **5K** \$45
 6/1/24 Race Day (shirts upon availability): **5K** \$50

10K ENTRY FEES:

4/14/24 Early Bird (guaranteed shirt): **10K** \$45
 4/15/24 – 5/15/24: **10K** \$50
 5/16/24 – 5/31/24 (not guaranteed shirt size): **10K** \$55
 6/1/24 Race Day (shirts upon availability): **10K** \$60

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, 5/30/24, 12-6pm
 Aid the Silent, 8126 Broadway, San Antonio, TX 78209
Friday, 5/31/24, 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.

REGISTRATION FORM

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 5/31/24 @ 6pm)
Mail-in: (postmarked by 5/20/24)
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 _____ 5K 10K _____

DOB _____ Gender _____ Shirt Size _____ **BIB NUMBER** _____

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 _____ 5K 10K _____

DOB _____ Gender _____ Shirt Size _____ **BIB NUMBER** _____

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 _____ 5K 10K _____

DOB _____ Gender _____ Shirt Size _____ **BIB NUMBER** _____

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 _____ 5K 10K _____

DOB _____ Gender _____ Shirt Size _____ **BIB NUMBER** _____

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 _____