# RECISTRATION 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 ear institute of texas

## ENTRY FEES:

4/14/24 Early Bird (guaranteed shirt): 5K \$35/10K \$45
4/15/24-5/15/24: 5K \$40/10K \$50
5/16/24-5/31/24 (not guaranteed shirt size): $5 \mathrm{~K} \$ 45 / 10 \mathrm{~K} \$ 55$
6/1/24 Race Day (shirts upon availability): 5K \$50/10K \$60
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

## 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.

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


## TEAM/RACER NFORMATION \& MAVER

WA $=18 \mathrm{I}$, myself, or as a parent/guardian for the Aid the Silent 5 K event participant, 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.
All participants are required to submit a waiver. Sign waver fine below to signifiy agreement.
Adult shirt sizes: $\square \mathrm{S} \square \mathrm{M} \square \mathrm{L} \square \mathrm{XL} \square \mathrm{XXL}$ Youth shirt sizes: $\square \mathrm{YS} \square \mathrm{YM} \square \mathrm{YL}$
Best efforts will be made to approximate T-shirt count, however T-shirts are not guaranteed.

| NAME OF RUNNER 1 |  |
| :---: | :---: |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER2 |  |
| DOB Gender ShirtSize |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 3 |  |
| DOB Gender ShirtSize |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 4 |  |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 5 |  |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 6 |  |
| DOB Gender ShirtSize |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |


| NAME OF RUNNER 7 |  |
| :---: | :---: |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 8 |  |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 9 |  |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| NAME OF RUNNER 10 |  |
| DOB Gender Shirt Size |  |
| Mobile \#/email |  |
| WAVER: Signature (parent if participant is under 18) | Date |
| TEAM NAME |  |

## PAYMENT: TOTAL ENTRY FEES:

Yes! We have a team of 10 runners on this form - deduct $\$ 50.00$. If you reach 10 members befor the race - $\$ 5.00$ will be refunded to each member.
__ Team does not have 10 runners discount does NOT apply, use total above
Method of Payment $\square$ Check $\square$ Cash $\square$ Credit Card $\square$ Visa MasterCard $\square$ Discover $\square$ American Express

| Name on Credit Card |  |  |
| :--- | :--- | :--- |
| Card \# | Exp Date | CVV |
| Billing Address of Credit Card Holder |  |  |
| Authorized Signature | Date |  |

