

8AM » BOERNE MAIN PLAZA

REGISTRATION FOR

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



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): 5K \$45/10K \$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

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.

599

Recruit co-workers, friends & family! SAVE \$5.00 on each registration AFTER 10[™] team member signs up*

589

595

🗸 Packet Pick Up – entire team in one box!

Create your own t-shirts or add accessories to ours! Be creative & have fun!

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🗸 Individual team members will still be eligible for individual awards in their age divisions.

> When you sign up & pay for all team members on this form.

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* 10 people teams will receive a

PRIZES FC

\$5.00 discount when the 10th person signs up. After the 10th team member signs up, a \$5.00 refunded will be credited to each team member individually.

> **Team Registration** Form on back >

TEAM/RACER INFORMATION & WAVER

WAVER: I, myself, or as a parent/guardian for the Aid the Silent 5K 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 line below to signify agreement.

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

NAME OF RUNNER 1				NAME OF F					
DOB	Gender	Shirt Size	🗅 5K 🗅 10K 🗉	DOB	Gender	Shirt Size	□ 5K □ 10K		
Mobile #/en	nail			Mobile #/en	nail				
WAVER: Signature (parent if participant is under 18)			Date	WAVER: Sig	WAVER: Signature (parent if participant is under 18)				
NAME OF RUNNER 2				NAME OF F	NAME OF RUNNER 8				
DOB	Gender	Shirt Size	🗅 5K 🗅 10K 🗉	DOB	Gender	Shirt Size	🖵 5	5K 🗅 10K	
Mobile #/en	nail			Mobile #/en	nail				
WAVER: Signature (parent if participant is under 18)			Date	WAVER: Signature (parent if participant is under 18)				Date	
NAME OF R	RUNNER 3			NAME OF F	RUNNER 9				
DOB	Gender	Shirt Size	🖬 5K 🖬 10K 🗉	DOB	Gender	Shirt Size	🖬 5	5K 🗅 10K	
Mobile #/en	nail			Mobile #/en	nail				
WAVER: Signature (parent if participant is under 18)			Date	WAVER: Signature (parent if participant is under 18)				Date	
NAME OF RUNNER 4				NAME OF F	NAME OF RUNNER 10			🗆 5K 🗔 10K .	
DOB	Gender	Shirt Size	🖬 5K 🖬 10K 🗉	DOB	Gender	Shirt Size	🖬 5	ok 🖵 IUK	
Mobile #/en	nail			Mobile #/en	nail				
WAVER: Signature (parent if participant is under 18)			Date	WAVER: Sig	WAVER: Signature (parent if participant is under 18) Date				
NAME OF R	RUNNER 5			TEAM NAM	ЛЕ				
DOB	Gender	Shirt Size	🗅 5K 🗅 10K _	PAYMENT: TOTAL ENTRY FEES:					
Mobile #/en	nail			10 me	embers befor the race	runners on this form – de - \$5.00 will be refunded to ners discount does NOT	each memb	er.	
WAVER: Sig	gnature (parent if parti	cipant is under 18)	Date	Method	of Payment	Check Cash Discover A	Credi	it Card	
NAME OF R	RUNNER 6		□ 5K □ 10K _	Name on Cr					
DOB	Gender	Shirt Size		Card #		Exp	Date	CVV	
Mobile #/en	nail			Billing Addr	ess of Credit Card Hol	der			
WAVER: Signature (parent if participant is under 18)			Date	Authorized	Signature			Date	

Send completed forms to (postmark by 5/20/24) Aid the Silent, Attn: 5K 2024, 8126 Broadway, San Antonio, TX 78209 or email info@aidthesilent.com