Leaping Leprechauns Entry Form

____5K ____10K

Name: _____

Address: _____

City: _____State:_____Zip:_____

Phone: _____

Email:_____
(if not already on our list)

Age race day: _____Gender_____

Emergency Contact: _____Phone:_____

Fees: 5 and 10K $20 before February 28th, $25 after and race day

Amount Enclosed: _____

T-shirt size: sm _____med _____large _____XL_____

Make Checks Payable To: Michelle Huddleston

Release and authorization: By my signature below, I hereby authorize Michelle Huddleston to obtain emergency medical care for_____ in the event of accident or illness requiring medical attention while participating in the Stonebridge Race Series in Stonebridge Ranch . In consideration of your acceptance of this registration, me, for myself and _____ (name child) heirs, executors assigns and administrators herby waive and release any and all rights and claims against Michelle Huddleston, the YMCA, her sponsors and all other persons or entities associated with this event for any and all injuries or damages sustained by_____ during participation in the run. I represent by my signature below, that I understand and agree to the terms of this release and authorization and that the information given in this registration form is true and correct and complete to the best of my knowledge.

_____

Signature of participant or guardian

Mail entries to: Michelle Huddleston
5805 S.Woodcreek Cir.
McKinney, TX 75071