

Run for Cover

 1K **1K Family** **5K** **5K Family** **10K**

Name: _____ Age _____ Male/Female

Name: _____ Age _____ Male/Female

Name: _____ Age _____ Male/Female

Name: _____ Age _____ Male/Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

(if not already on our list)

Emergency Contact: _____ Phone: _____

Fees: 5K and 10K \$20 before April 10th, \$25 after and race day

1K \$15 before April 10th, \$20 after and race day

Family 1K \$40, Family 5K \$50, Add \$10 after April 10th and race day

There is not family pricing for the 10K

Amount Enclosed: _____

T-shirt sizes: sm _____ med _____ large _____ XL _____

Make Checks Payable To: McFBC

Release and authorization: By my signature below, I hereby authorize McKinney Fellowship to obtain emergency medical care for _____ in the event of accident or illness requiring medical attention while participating in Run for Cover in Stonebridge Ranch . In consideration of your acceptance of this registration, me, for myself and _____ (name child) heirs, executors assigns and administrators hereby waive and release any and all rights and claims against McKinney Fellowship their 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: **Run for Cover**
4100 W. El Dorado Pkwy. Suite 100
Box 170
McKinney, Texas 75070

www.runforcover.org