

Chip Nos. \_\_\_\_\_ & \_\_\_\_\_

Assigned on Race Day

Official Entry: (Please Print Clearly)  
Cupid's Couples Run, 5K & Red Dress Relay

- Fee:  5K Registration - \$20.00 (\$25 after 2/7)  
 Cupid's Couples - \$35.00 (\$45 after 2/7)  
 Red Dress Relay - \$35.00 (\$45 after 2/7)

(Check box for combined ages of teammates)

**FOR COUPLES TEAMS:**

Age Groups:  0-30;  31-50;  51-70;  71-90;  91-110;  111+

Team Name: \_\_\_\_\_

Gender: (Must Have ✓)

Teammate 1: \_\_\_\_\_

M  F  Age: \_\_\_\_\_

Teammate 2: \_\_\_\_\_

M  F  Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Emergency Contact: (Name & Phone Number)

\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Release and authorization: By my signature below, I hereby authorize Michelle Huddleston to obtain emergency medical care for me, my children, heirs, executors, assigns or administrators in the event of accident or illness requiring medical attention while participating in any/all Stonebridge Ranch 1K, 5K or 10K Runs. In consideration of your acceptance of this registration, I, for myself, and my children, heirs, executors, assigns and administrators hereby waive and release any and all rights and claims against Michelle Huddleston, her sponsors and all other persons or entities associated with this event for any and all injuries or damages sustained by me, my children, my heirs, executors, assigns, and administrators during participation in any 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 Parent or Guardian

**FOR RELAY TEAMS:**

Team Name: \_\_\_\_\_

Gender: (Must Have ✓)

Teammate 1: \_\_\_\_\_

M  F  Age: \_\_\_\_\_

Teammate 2: \_\_\_\_\_

M  F  Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Emergency Contact: (Name & Phone Number)

\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Parent or Guardian

**FOR 5K:**

Name: \_\_\_\_\_

Gender: (Must Have ✓)

Address: \_\_\_\_\_

M  F  Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Emergency Contact: (Name & Phone Number)

\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Release and authorization: By my signature below, I hereby authorize Michelle Huddleston to obtain emergency medical care for me, my children, heirs, executors, assigns or administrators in the event of accident or illness requiring medical attention while participating in any/all Stonebridge Ranch 1K, 5K or 10K Runs. In consideration of your acceptance of this registration, I, for myself, and my children, heirs, executors, assigns and administrators hereby waive and release any and all rights and claims against Michelle Huddleston, her sponsors and all other persons or entities associated with this event for any and all injuries or damages sustained by me, my children, my heirs, executors, assigns, and administrators during participation in any 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 Parent or Guardian

Make Checks Payable To: Michelle Huddleston, 5805 S. Woodcreek Circle, McKinney, Texas 75071

Thank You For Participating In The Stonebridge Racers 1K, 5K & 10K Runs. See You Next Time!