

Chip Nos. _____ & _____
Official Entry: (Please **Print** Clearly) Assigned on Race Day
Cupid's Couples Run & 5K
McKinney YMCA
300 Ridge Road
McKinney, Texas 75071

Fee: 5K Registration - \$25.00 (\$30 after 2/5)

Cupid's Couples - \$45.00 (\$50 after 2/5)

(Check box for combined ages of teammates)

FOR COUPLES TEAMS: Age Groups: 0-40; 41-55; 56-70; 71-85; 86-100; 101-115; 116+

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: _____

FOR 5K:

Gender: (Must Have ✓)

Name: _____ **M** **F**

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Medical Condition: _____

Emergency Contact: (Name & Phone Number)

Amount Enclosed: _____

Make Checks Payable To:

**M.H.E., 5805 S. Woodcreek Circle,
McKinney, Texas 75071**

**Thank You For Participating In
The Stonebridge Racers 1K, 5K, 10K & 15K Races.**

Look for our Upcoming Events at

www.stonebridgeracers.com or www.racechiptiming.com

See You Next Time!

Release and authorization: By my signature below, I hereby authorize M.H.E. 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, 10K or 15K races. 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 M.H.E., its sponsors, the City of McKinney, The Blackard Group, McKinney YMCA, Stonebridge Ranch, CMA Management Company, 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 races. There will be no refunds or transfers. 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

Release and authorization: By my signature below, I hereby authorize M.H.E. 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, 10K or 15K races. 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 M.H.E., its sponsors, the City of McKinney, The Blackard Group, McKinney YMCA, Stonebridge Ranch, CMA Management Company, 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 races. There will be no refunds or transfers. 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