

**Halloween Hustle 1K, 5K & 15K
Official Entry Form**

(Please Print Clearly)

One Entry Per Participant
(All lines must be completed)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Gender: M F (Must Have ✓)

T-Shirt Size: S _____ M _____ L _____ XL _____

Age race day: _____

Medical Condition: _____

Emergency Contact: (Name & Phone Number)

Fee: Before October 21st After & Race Day

15-K - \$30.00 15-K - \$35.00

5-K - \$25.00 5-K - \$30.00

1-K - \$15.00 1-K - \$20.00

Amount Enclosed: _____

Make Checks Payable To: M.H.E.
5805 S. Woodcreek Circle
McKinney, Texas 75071

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 Participant or Guardian

Thank You For Participating In

The Stonebridge Racers 1K, 5K, 10K & 15K Runs.

Look for our Upcoming Events at

www.stonebridgeracers.com or www.racechiptiming.com