## Grow Outside 5K Run/Walk

## Fairgrounds at 201 S. 4<sup>th</sup> Street April 15, 2023 - 8 AM -- RAIN OR SHINE

ENTRY FORM & WAIVER						
Name:						
Address:						
City/State/Zip:						
Company or Organization You A	re Representing:					
Telephone:			Email:			
Emergency Contact Phone:						
	□ Male	☐ Fer	male □U	nder 18?		
*Registration (must be receive	d by April 7, 2023	3 for <mark>guarantee</mark>	<mark>d size</mark> ) \$25.0	00 *Includes	T-Shirt	
*T-shirts will be available for re	egistrants after d	eadline but siz	<mark>e will not be guar</mark>	ranteed if form received	d after 4/7/23	
Shirt Size (Check One):	☐ Small	☐ Medium	□ Large	☐ Xtra Large	□ XXL	
	\A/-:		be signed)			
I assume the risk of walking in t limited to, falls, contact with other and appreciated by me. Furtherm Knowing these facts, administrators or anyone else who the Dimmit County Chamber of C Sheriff Department and Fire Depa assigns or anyone acting for or of any kind or nature whatsoever ari or fault. This release and waiver of The undersigned further grants for motion pictures, recordings, or all parent or guardian's signature.	r participants, the core, I agree to yie and in considera might claim on moments. Carrizo artment, walk officing out of, or in the extend to all claims all permission to sport of the sing out of, or in the extend to all claims all permission to sport of the or in the extend to all claims.	effects of the weald to all emergenation of your accept behalf, covenand Springs FFA Chailals, volunteers and any and all claims course of my propersons and or a	ather, and the conc cy vehicles. cepting my entry, at not to sue and ur apter, County of Di and all sponsors included ims or liability for operticipating in this nature whatsoever gents, authorized I	I hereby for myself, naconditionally waive and remmit, City of Carrizo Spruding any and all of their death, personal injury or event whether same be conforceseen, by them to use any photographs.	ny heirs, executors, elease and discharge ings, Dimmit County agents, employees, property damage of caused by negligence known or unknown.	
Parent / Guardian's Signature (i	f minor under 18)					
Date:	,					
 Please mail <b>Entry Form</b>	to:	P.O.	nit County Cha Box 699 to Springs, TX	amber of Commerc	ce	
Or you may drop off your e	entry at the Ch	amber Office,	103 N. 6 <sup>th</sup> Stre	eet, Carrizo Springs,	Texas	
Please make checks <i>pay</i>	<i>able</i> to: <b>Din</b>	nmit Count	y Chamber o	of Commerce		
Check #:						