



SEPTEMBER 29  
 Race Start: 8:00 am  
 14931 Riggs Rd  
 Helotes, Tx 78023



Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Email Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

**T-Shirt Size: Gender Specific**  
**Women:** S M L XL 2XL  
**Men:** YM YL S M L XL 2XL 3XL

I AM RUNNING FOR:  
 \_\_\_\_\_ AAPAW  
 \_\_\_\_\_ Gabriel Alcalá Foundation  
 \_\_\_\_\_ Veteran's Freedom Foundation

**IT'S TIME TO  
 TAILGATE!  
 WEAR YOUR SCHOOL COLORS**

Prices:  
 \$25 until midnight 6/30/18  
 \$30 until 9/16/18  
 \$35 until Packet Pick Up  
 \$40 on Race Day

**FINISHER MEDALS FOR  
 EVERYBODY!**

Make check payable to: Soler's Sports  
 8830 Brae Ridge Dr.  
 San Antonio, TX 78249

In consideration of my participation in the Family Health & Wellness 5K, I, on behalf of myself, heirs, (participant signature; guardian if minor) legatees, personal representatives and all those claiming by or through me, consent, and do hereby discharge and release and forever hold harmless the CITY OF HELOTES and all represented sponsors, SOLER'S TEES, INC., VETERAN'S FREEDOM FOUNDATION, ALAMO AREA PARTNERS FOR ANIMAL WELFARE, AND THE GABRIEL ALCALA FOUNDATION, their affiliates, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever the nature or cause, incurred by me or arising out of in any way conjunction with participation in the aforementioned competition. In addition, I hereby consent to discharge and release SPONSORS, from any liability whatsoever for the following: SPONSORS and Soler's Tees, Inc., VETERAN'S FREEDOM FOUNDATION, ALAMO AREA PARTNERS FOR ANIMAL WELFARE, AND THE GABRIEL ALCALA FOUNDATION may use and reproduce my name, voice, and likeness, and any photographs, sketches and motion pictures taken or made of me, and/or my business, are SPONSORS\* property, and I waive any right of inspection or review. I give my permission for my email address to be added to the Soler's Tees, Inc newsletter. I am of legal age and capacity and have read the contents of this Consent of Release. If minor, signature of parent or guardian required. I UNDERSTAND THAT THERE ARE NO REFUNDS OF TRANSFER OF RACE BIBS FOR THIS EVENT.

Signature/Signature of Parent/Guardian if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_