JOIN THE DENTON COUNTY HEALTH DEPARTMENT AT OUR 3RD ANNUAL 5K / 1M FUN RUN / WALK!



WHETHER YOU'VE BEEN RUNNING FOR YEARS OR ARE JUST GETTING STARTED.

COME AND TAKE THE FIRST STEP WITH US!

DATE: SATURDAY, APRIL 24, 2010
LOCATION: SOUTH LAKES EUREKA PARK-DENTON, TEXAS
RACE BEGINS: 8:00AM

TO REGISTER: CALL BETSY HAGGARD: 940.349.2922 OR EMAIL: BETSY.HAGGARD@DENTONCOUNTY.COM

FREE T_SHIRTS ON A FIRST COME, FIRST SERVE BASIS
PRIZES WILL BE AWARDED IN THE FOLLOWING 5K CATEGORIES:
CHILDREN UNDER 10 * TEENS 11 — 18 * ADULT MEN * ADULT WOMEN

PACKET PICKUP AT DENTON COUNTY HEALTH DEPARTMENT 306 NORTH LOOP 288, SUITE 137; DENTON, TEXAS 76209 THURSDAY, APRIL 22 FROM 8:00AM. TO 8:00P.M. FRIDAY, APRIL 23 FROM 8:00AM-5:00P.M.



PONSORED





PLEASE BRING THIS FORM WITH YOU WHEN YOU PICK UP YOUR PACKET OR TO REGISTER ON RACE DAY.

ENTRY FORM FOR FIRST STEP 1M & NAME:	5K (M
E-MAIL:	In the entry I
ADDRESS:	compl accides
CITY/STATE/ZIP:	the pro
PHONE:	Dento Dento promo
FEMALE: MALE: 1M: 5K:	entities any an
AGE ON RACE DAY:	caused promo
BIRTHDAY:	grant f
HOW DID YOU HEAR ABOUT US?	event :
T-SHIRT SIZE: (PLEASE CIRCLE ONE)	Signati if unde
 YOUTH SMALL 	
 YOUTH MEDIUM 	_
 YOUTH LARGE 	Date
 ADULT SMALL 	
 ADULT MEDIUM 	
 ADULT LARGE 	
○ ADULT X-LARGE	

ADULT 2X_LARGE

ADULT 3X-LARGE

Waiver of Claim

(MUST be submitted to participate)

consideration of acceptance of this I, the undersigned, assume full and ete responsibility for any injury or nt which may occur during my pating in the race, or while I am on emises or en route to or from this I hereby release and hold harmless on County Health Department, on County, and all sponsors, oters and all other persons and s associated with this event from d all injury or damage whether it is by negligence of the sponsor or oters or to other persons or entities ated with this event. Further, I full permission to use my graph, video or recording of this for any legitimate purposes:

Signature of participant or parent/guardian if under 18 years of age

