

ENTRY FORM

- 1/2 Marathon
- 5K Run/Walk
- 5K Baby Jogger
- 1/2 Marathon Wheelchair
- 5K Wheelchair

Champion Chip ID# _____

Corporate Team Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____

M F Age: _____ DOB: _____

Tech T-Shirt: S M L XL Style: Men's Women's

Type of CC: Visa MC Other _____

CC# _____

Exp: _____ / _____

By accepting the YMCA Corporate Cup Challenge, I waive all claims and those of my heirs and assignees against the YMCA Corporate Cup Challenge sponsors, employees, promoters and volunteers for injury or illness that may result from my participation. I am in proper physical condition to compete in this race and understand the risks and rigors associated. I also give permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose. I understand that if the race is cancelled because of circumstances beyond the control of the race committee and sponsors, including but not limited to hazardous weather conditions or government ban, my entry fee will not be refunded. I understand that I will be charged \$30 if I do not return the Champion Chip to the YMCA Corporate Challenge after the race. The half marathon is limited to 3 hours and the 5K Run/Walk is limited to 1 hour.

Signed: _____

(Parent or Legal Guardian if Participant is under 18)

This signature line must be signed in order to register and participate.

Date: _____ / _____ / _____

Entry Fee \$ _____

Additional Donation to the
YMCA Community Support Campaign: \$ _____

Total Enclosed \$ _____

Make checks payable to Childress Klein YMCA.