

**Open/Corporate Entry Form**

**Race:**  The Shack 10K  Kids 5K  Adult 5K  
 Marathon  Half Marathon

{Must be submitted with Open/Corporate Team Roster}

First Name \_\_\_\_\_ Middle Initial\_\_ Last Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female Phone Contact \_\_\_\_\_

T-shirt sizes:  Small  Medium  Large  X-Large  2X-Large (add \$2)

How many times have you participated in the Cowtown?\_\_\_\_ **Predicted Pace** \_\_\_\_\_

Would you like to be placed in the Big Person division? (200lbs.+Male;160lbs+Female)? Yes\_\_ No\_\_

**Emergency Contact & Phone Number** \_\_\_\_\_ Will you be competing in a wheelchair? Yes\_\_ No\_\_

Will you be competing in the The Shack Corporate 5K or 10K Team Challenge? Yes\_\_ No\_\_

Waiver: (must be signed) VERIFY: By signing your name below, you agree to the restrictions stated below. Your entry will not be accepted without your signature.  
 WAIVER STATEMENT: ENTRY INVALID IF NOT "VERIFIED" BY SIGNATURE. By submitting this form, I assume full and complete responsibility for any injury or accident which may occur to me during the event or while I am on the premises of the event, and I hereby release and hold harmless the presenters and all other persons and entities associated with the event from liability for injuries and damage sustained by me whether same be caused by negligence of the presenters and all other persons and entities associated with the event, or otherwise. I further acknowledge that the marathon, half marathon, and relay course will close at 2pm and after that time there will be no support on the course. Further, I grant permission to use any photographs, videotapes, or any other records of this event involving me for any legitimate purpose. Athletes who participate in this competition may be subject to formal drug testing in accordance with the USAT&F Rule 55. Athletes found positive for banned substances or who refuse to be tested will be disqualified and will lose eligibility for future competitions. Banned substances information is available from USOC Hotline at 1-800-233-0393.

**Signature of Athlete** (or parent/guardian if athlete is under age 18) \_\_\_\_\_

**IF ATHLETE IS UNDER AGE 18:** This is to certify that my son/daughter has my permission to compete in the The Cowtown event and related events, is in good physical condition, and that the race officials have my permission to authorize emergency treatment if necessary.

**There is a minimum of 5 members on a Marathon, Half team and 10 members on a 10K or 5K team .**

Event	Thru 2/1/10 or Caps Fill	Amount	
Marathon (age 18 & over)	\$70	=	<b>Make checks payable to Cowtown Marathon</b>
Half Marathon (age 14 & over)	\$55	=	
The Shack 10K	\$20	=	
Adults 5K	\$17	=	
Kids 5K	\$17	=	
<b>**C.A.L.F. (Children's Activities for Life &amp; Fitness Program)</b>		=	<b>Mail to – P. O. 471332, Fort Worth, TX 76147</b>
2X-Large T-Shirt	\$2	=	
Dry Weave Shirt (available only till 2/1/10)	\$12	=	
Display Plaque for Finisher's Medals (for Ultra, Marathon & Half Marathon Finishers)	\$25	=	
Contributor Medal (if you missed '09 Finisher Medal medal)	\$100	=	<b>Postmarked no later than February 1, 2010</b>
<b>Total Enclosed (NON-FUNDABLE)</b>		\$	

VISA/MasterCard payment ONLY  
 Circle one:  VISA  MasterCard

Amount Due \$ \_\_\_\_\_  
 Expiration Date \_\_\_ / \_\_\_

Acct. No:

Cardholder Signature: \_\_\_\_\_

**Presented by: UNT Health Science Center**  
**Additionally by: Chase ♦ MillerCoors ♦ Star-Telegram ♦ HCA North Texas ♦ NBC 5**  
**♦ The Center for Cancer and Blood Disorders ♦**