

Montgomery Plaza Fort Worth
12:00 Start

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Age: _____ Sex M F

Team Mate Name: _____

Date of Birth: _____ Age: _____ Sex M F

Name of Team: _____

Please circle your response

Shirt Size circle one for each person:

1st Shirt: Adult - Small Medium Large
X-Large XXL (add 2.00)

2nd Shirt: Adult - Small Medium Large
X-Large XXL (add 2.00)

Entry Fee Each Person:

Early Registration before February 5	\$35.00
Registration after February	\$45.00
Day of Race Everyone	\$55.00

Mail Form and payment to:
It's About TIME Race Management
P.O. Box 173699
Arlington, T X76003

Waiver: I know that running or walking a road race is a potentially dangerous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run or walk. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release It's About Time Race Management, the City of Fort Worth, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Race will be held regardless of weather conditions. Registration is final, no refunds.

Signature (parent or guardian if under 18) _____ Date _____

Signature (parent or guardian if under 18) _____ Date _____