



Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Emergency Contact: _____

Emergency Ph. No.: _____

_____ 1- Mile run/ walk **15.00**

_____ 5K Run/ Walk **30 (Begins January 1, 2024) *CURRENT***

_____ 5k Run/ Walk **Tier 3 - \$35 (Begins February 1, 2024)**

Liability Waiver Release: Please Read Completely and Sign (Required) I, assume full and complete responsibility for any injury, accident, or any health-related issues, which may occur to me during the event as a result of my participation in the ride, or while I am on the premises of the event and I hereby release and hold harmless the sponsors, promoters, the run/walk/ride production company, and all other persons and entities associated with the event or their agents, employees or otherwise. I further certify that I am in good physical condition and fully able to participate in this event. I grant full permission to any and all the foregoing to use any photographs or records of this event. Further, the City of Brownsville is not a sponsor of this event and is harmless from any claims, suits, causes of action and liability arising out of my participation in this event. I have read, understand and voluntarily signed this agreement. I, hereby, release City cruisers cycling.org, and any other organizations associated with this event, partners and affiliated companies, and successors and assigns, officers, directors, and employees from any and all liability.

Signature of Individual Participant

Signature of Parent or Guardian if child is under the age of 18 /Date