



Sunday, May 7th, 2023

10K Walk 6:30, 10K Run 7:00, 5K Run 7:05, FitKidz 6:35

USATF Sanctioned! Chip Timed!

Start/Finish: Cholla High School, 2001 W. Starr Pass Blvd.

Benefitting Cholla High School programs, scholarships, SAR's Children's Fitness Fund

Name: _____

Address: _____

City, State Zip: _____

Email: _____

Date of Birth: ___/___/___ Age on 5/6/23: ___ Gender: (M/F) ___

Event: 10K run ___ 10K walk ___ 10K Team ___ 5K run/walk ___ 5K Team ___ Fitkidz ___

Entry Type (check one):

- _____ \$36 (\$2 processing fee) SAR member by 2/25/2023
- _____ \$38 (\$2 processing fee) Non-SAR member by 2/25/2023
- _____ \$38 (\$2 processing fee) SAR member by 4/18/2023
- _____ \$40 (\$2 processing fee) Non-SAR member by 4/18/2023
- _____ \$40 (\$2 processing fee) SAR member after 4/27/2023
- _____ \$42 (\$2 processing fee) Non-SAR member after 4/27/2023
- _____ \$45 ALL at Packet Pick Up and on Race Day

_____ **Total \$ Enclosed**

In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors, and administrators, waive any and all rights, claims for damages I may have against the sponsors, coordination groups, City of Tucson, Cholla High School, TUSD, Southern Arizona Roadrunners and any individuals and sponsors associated with said event. Also, none of the above is responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good physical condition to participate in the event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for the free use of my name and picture in any broadcast, telecast, print or digital media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Entrant's Signature*: _____

Date: _____

*Parent or guardian's signature if entrant is under the age of 18 _____

Team Name: _____

Team Captain: _____

(Mailed entries must be received no later than April 20, 2023)

Make Checks Payable to: Southern Arizona Roadrunners

**Mail to: Dr. Gann's Diet of Hope Cinco de Mayo
c/o Southern Arizona Roadrunners
PO Box 64215
Tucson, AZ 85728-4215**