

www.houseourheroessa.org

The proceeds from the "House Our Heroes SA 5K" will go to Veteran residents of the Alamo Community Group 501c(3).

Date - Saturday, September 27, 2014

Time—8:15 AM (runners) 8:20 AM (dogs, walkers, and strollers)

Location – Woodlawn Lake Park, 1103 Cincinnati, San Antonio, TX 78201 (Outdoor basketball courts)

Note- Race day registration and shirt pick up opens at 7:30 AM and closes 8:05 AM

REGISTRATION & PAYMENT

Pre-register by completing the registration form and returning to Alamo Community Group at 4100 E. Piedras Drive, suite 200 San Antonio, TX 78228, fax 210.731.8025, or by internet at www.houseourheroessa.org. Checks can be made to the Alamo Community Group or electronic payment can be made at www.houseourheroessa.org. Once your payment has been received you will receive an email confirmation receipt of your payment and participation. Pre-registration date deadline is Saturday, September 6, 2014, 5:00 PM.

| | 5K Ru | | 8:15 AM 8:20 AM | Pre-Registration \$35.00 | | Septem | ber 7th | to Rad \$45.0 | ce Day Registration 00 | |
|--|---------|-------|--------------------|------------------------------------|---|----------|---------|------------------|---------------------------|--|
| Name: | | | | T-shirt size (size not guaranteed) | | | | | | |
| | | | | |] | Small | | | Medium | |
| | | | | |] | Large | | | X-Large | |
| | | | | _ | | XX-Large | ! | | | |
| Age: | Birthda | te: _ | | | | | | | | |
| In consideration of your acceptance of the race entry, I, for myself, my heirs, and executors, forever release, and/all rights, demands, claims, for damage and causes of suite action known or unknown that I may have against Alamo Area Mutual Housing Association 501c(3) and House Our Heroes SA 5K, and all participation in said race, that I assume those risk, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in the race. If I have a heart condition or high blood pressure, I certify that I have my physicians approval to participate in this event, with obligation or signature. I acknowledge that any photographs taken at the event may be used in electronic publications, promotional literature or advertising. I also understand the entry fee/donation is nonrefundable. | | | | | | | | | | |

Signature
(Parent or Guardian must sign if under 18 years old)