



MAKE A DIFFERENCE



TEXAS A&M UNIVERSITY

Irma Lerma Rangel
College of Pharmacy

Time, date and location: Friday, Feb. 21, 2020, the festival starts at 5:00 p.m. the Run starts at 6:00 p.m., Texas A&M Rangel College of Pharmacy on the campus of Texas A&M University-Kingsville, Avenue C, between the Student Recreation Center and the Texas A&M Rangel College of Pharmacy.

Awards: Top three finishers in each age group.

Registration and Fees:

By mail or in Person:

Texas A&M Rangel College of Pharmacy lobby, 1010 W. Ave B, Kingsville, Texas, 78363.

Adult 5K - \$25

Adult 10K - \$35

VIP (5K or 10K) - \$100 (dry fit t-shirt and access to the VIP area)

Youth (under 10) 5K - \$15

Youth (under 10) 10K - \$20

Kids' 1-Mile - \$10

****Ask for special "family pricing". bennett@pharmacy.tamhsc.edu

Online: Priced as above (+service fees) Open until Feb. 20, 2020, at [Dr. James Robertson Jr. Ties & Tennis Shoes Memorial Fun Run](#)

Day of event: \$40 – At the Welcome Tent from 5 to 5:45 p.m. at the Texas A&M Rangel College of Pharmacy on the campus of Texas A&M University-Kingsville, Avenue C, between the Student Recreation Center and the Texas A&M Rangel College of Pharmacy, Kingsville, Texas, 78363

Prices include a commemorative T-shirt (first 200 guaranteed) and a micro-chipped race bib. Timing by V-Fit Productions.

Or Mail this registration Form to Texas A&M Rangel College of Pharmacy, 1010 West Avenue B, Kingsville, TX. 78363, Attn: Eva Bennett

Make checks payable to: Texas A&M Rangel College of Pharmacy

Questions contact Eva Bennett, 361-221-0610 bennett.eva@tam.u.edu

Name _____ Gender: M F

Date of Birth ____/____/____ Age on Race Day _____ Shirt Size: YL S M L XL XXL

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Amount \$ _____

WAIVER -I acknowledge that running a road/beach race is a potentially hazardous activity that could cause injury or death. I understand I should not enter unless I am medically able and properly trained. By my signature(s), I certify that I am medically able to perform this event and that I am in good health and I am properly trained. I agree to abide by any decision of race official relative to any aspect of my participation in this event. Including the right of any official to deny or suspend my participation in the event for any reason. I assume all risks associated with running 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. I accept all such risks. I understand that bicycles, skateboard, baby joggers, roller skates, or roller blades, animals, and radio headsets are not allowed in the race. I will abide by this guideline. Having read this waiver, 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 V Fit Productions, Texas A&M Health Science Center Irma Lerma Rangel College of Pharmacy and all sponsors, their representatives and successors from all claims of liabilities of any kind arising from my participation in this event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. By signing this I acknowledge and agree to the above waiver of liability.

Signature: _____

(Parent signature if under 18) Signature of parent or guardian: _____