

# Austin 10/20<sup>®</sup> REGISTRATION FORM

## April 9, 2017

You can also apply online at [www.Austin1020.com](http://www.Austin1020.com)

**Entry fee is non-refundable and non-transferable**



	8/15/16 – 10/6/16	10/7/16 – 1/11/17	1/20/16 – Race Week
<b>Entry Fee:</b>	\$65	\$70	\$80

### PAYMENT METHOD

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

EXP: \_\_\_\_\_

Billing Address: \_\_\_\_\_

CVC: \_\_\_\_\_

*(Address, City, and Zip Code)*

In order to compete, you must be in good health and physically prepared to take on the challenges of the event. You must wear an official race number and must be able to complete the ten mile course in three hours. PHOTO ID is necessary for packet pick-up. Coaches, skateboards, skates, baby joggers, bikes, and animals are prohibited on the course. Online registration for the Austin 10/20 closes on 4/6/2017 at midnight. Mail in registration must be postmarked by 3/18/2017

### WHEELCHAIR PARTICIPANTS

\_\_\_\_\_ Push rim Division

\_\_\_\_\_ Ambulatory Disabled

### INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Tech - T Size (*circle one*): Women's XS / S / M / L / XL

Date of Birth: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Men's S / M / L / XL / XXL

Email Address: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_

Estimated Finish Time: HR \_\_\_\_\_ MIN \_\_\_\_\_

Preferred Name on Bib Number: \_\_\_\_\_

*Realistic one mile pace times 10!*

**(10 character limit. Must be requested by 3/1/17)**

### WAIVER & LIABILITY RELEASE (*required*)

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Austin 10/20<sup>®</sup>, TurnKey Operations, SIBB Operations LLC, the City of Austin, Travis County, the State of Texas, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable, non-transferable and non-deferrable. I grant to the Medical Director of the event, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event at their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian (required if participant is under 18)*

\_\_\_\_\_  
*Date*

### REGISTRATION CONFIRMATION

Registration confirmation, race updates, and final event instructions will be sent to the email address provided on this form. **Please ensure that your email address is correct.** For full event details, visit us at [www.Austin1020.com](http://www.Austin1020.com)

**Fee payable by check or money order to: Austin 10/20  
Mail to: Austin 10/20 c/o TurnKey Operations  
4018 Caven Rd, Austin TX 78744**