



LA FE

23rd Annual "Father's Day"

Community Health 5K Run/ Walk
Saturday, June 18, 2016 / 7:30 a.m.



FREE T-shirts for the First 200 Entries

Run in HONOR of your FATHER



Event Address:

La Fe Culture & Technology Center
721 S. Ochoa (Rear Building)
El Paso, TX 79901



Registration Fee:

Early - \$20 Until June 16
Late- \$25 June 17 & 18
\$5 Individual Discount
for teams of 10 or more
\$5 Military Discount
(Please present ID at packet pick up)



Divisions:

Male / Female / Best Overall
10 & under; 11-14; 15-19; 20-29;
30-39; 40-49; 50-59; 60-69; & 70+

Walk-In Registration

La Fe Culture & Technology Center
721 S. Ochoa (Rear Building) 79901
Hours: 9 a.m. to 6 p.m.

Mail Registration

La Fe Administration
1314 E. Yandell 79902
Checks Payable to: Centro de Salud Familiar La Fe
Must be postmarked by June 13

Register Online

www.raceadventuresunlimited.com
Until 6 p.m. June 17

Packet Pick-Up: June 17 from 12 to 6 p.m. and on race day
At La Fe Culture & Technology Center 721 S. Ochoa (Rear Building)
More Information: (915) 545-7234

(REGISTRATION FORM ON BACK)

REGISTRATION FORM

PRINT NAME: _____ SIGNATURE: _____
 (First) (Last)

ADDRESS: _____ CITY/ STATE/ ZIP CODE: _____

PHONE: _____ EMAIL: _____

AGE: _____ SEX: (CIRCLE ONE) M F T-SHIRT SIZE: (CIRCLE ONE) S M L XL XXL

5K RUN: _____ 5K WALK: _____ TEAM NAME: _____

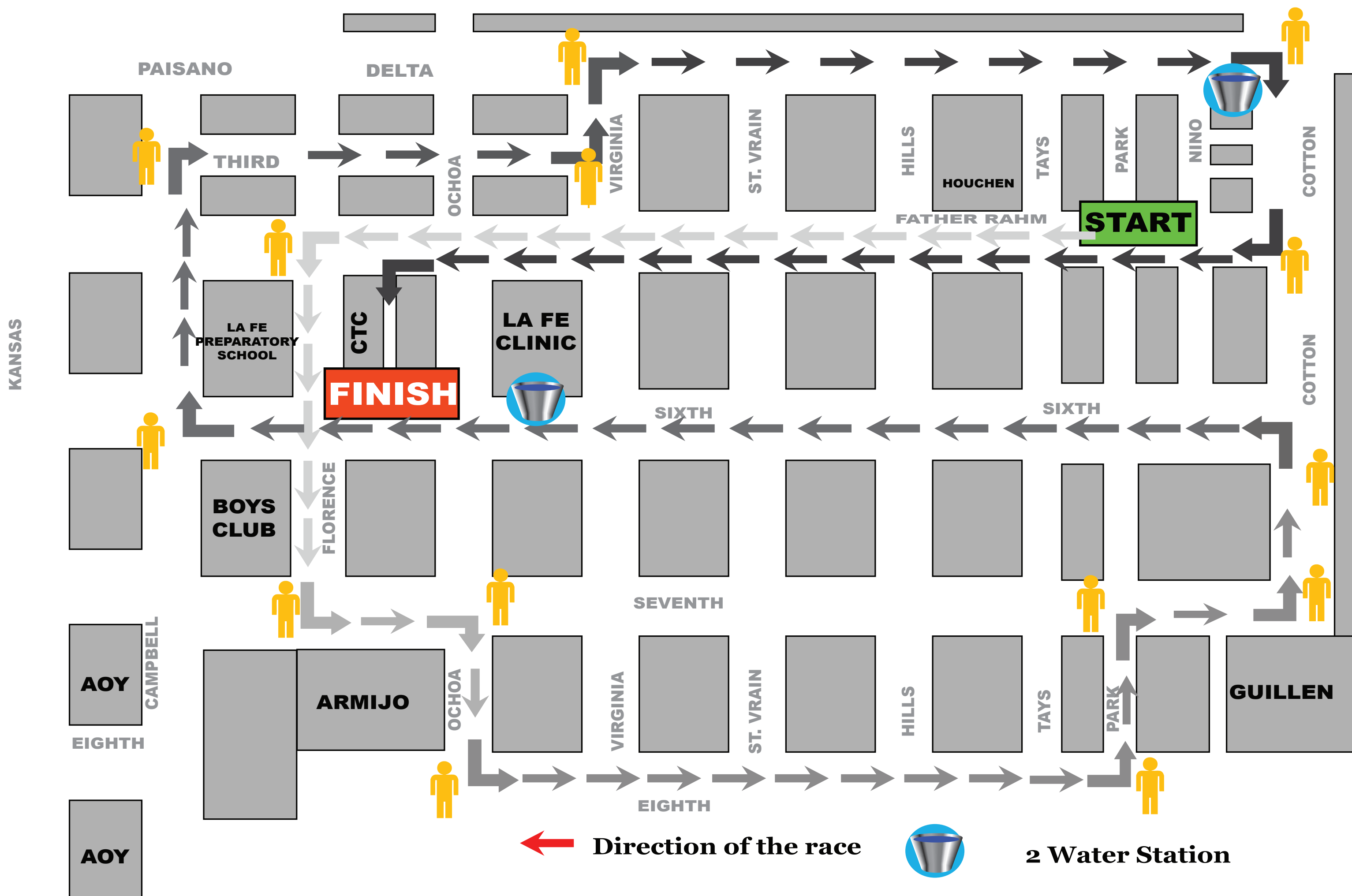
WAIVER INFORMATION:

In consideration of my application being accepted, I hereby for myself, my heirs, personal representatives, and executors waive, release, and forever discharge any and all rights and claims for any loss or damages which I may or hereafter accrue against the organizers, volunteers, or sponsors of this event and for any and all injuries which might be suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained and prepared to complete this race. I hereby grant full permission to use my name, photographed or videotaped images, and recordings regarding my participation in this event for any legitimate purpose without compensation or remuneration.

(Parents' Signature Required If Under 18.)

SIGNATURE: _____ DATE: _____

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Participants meet at 721 S. Ochoa (Rear Building)