



**Send Entries To:**  
 The Hope and Healing Place  
 1721 S. Tyler St.  
 Amarillo, Texas 79102

**Hope and Healing Place Half Marathon**

Date: Saturday, May 18, 2018

Race Start: 7:15 a.m.

Start/Finish Location: Amarillo National Bank Plaza I (4th and Polk St)

Awards for: Divisions: Half Marathon—male/female 20 and under, 21-30, 31-40, 41-50, 51-60, 61 and up.  
 Awards for: Top male and female teams for 2-person relay and 4-person relay.

**Registration open until May 17**

\$60 for Individual | \$90 for 2-person team | \$120 for 4-person team

\*\*\*\***Online Registration can be done at [getmerged.com](http://getmerged.com)**\*\*\*\*

**NO RACE DAY REGISTRATION**

Circle one:      Individual      2-person team      4-person team

Name: \_\_\_\_\_ Gender:      Date of Birth:    /    /    Age:  
 Name: \_\_\_\_\_ Gender:      Date of Birth:    /    /    Age:  
 Name: \_\_\_\_\_ Gender:      Date of Birth:    /    /    Age:  
 Name: \_\_\_\_\_ Gender:      Date of Birth:    /    /    Age:

(For teams, please use one address)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (For teams,  
 write in number needed)

**Shirts will be available to the first 200 entrants:**

Shirt size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

E-mail address: \_\_\_\_\_

**RELEASE OF LIABILITY**

In return for its agreement to accept this entry form, I hereby release The Hope and Healing Place, its officers, directors, agents, representatives, and the volunteers, sponsors, promoters, and all other persons associated with The Hope and Healing Place from liability for any injuries received by me (or if the participant is a minor, then I release them from liability for injuries received by the minor for whom I am responsible) during participation in this sporting event, which includes all post-race activities through the end of the awards ceremony and the conclusion of the event. I recognize that participation in the event sponsored or in any way supported by The Hope and Healing Place exposes me and/or my family members(s) to risks including, but not limited to: running-related injury, traffic, and other risks including cracks in the roadway or sidewalk, uneven running surfaces, slick conditions, other participants in the race, weather-related hazards, and post-race accidents of any type. Notwithstanding these potential risks and possibly other unanticipated risks, all of which cannot be listed, I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY (OR MY FAMILY MEMBER'S) ATTENDANCE AT OR PARTICIPATION IN THIS EVENT. **All entries are non-refundable.** Once we receive and accept your entry, you will not receive a refund if you cannot participate, nor will you receive a refund if the event is cancelled, shortened, rescheduled or altered in any way due to weather or for any other reason.

\_\_\_\_\_  
 Signature (Parent's signature for entrant under 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Parent's signature for entrant under 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Parent's signature for entrant under 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature (Parent's signature for entrant under 18)

\_\_\_\_\_  
 Date

For questions please contact Andrea Arita at [andrea\\_arita@aol.com](mailto:andrea_arita@aol.com) or Cynthia Gable at [cynthiagable1@gmail.com](mailto:cynthiagable1@gmail.com).