**Jingle Bell 5K Run/Walk & Kids Run**

**Awards/Prizes**

**Kids’ Run:**

1st, 2nd, & 3rd place medals will be given to the top three male and female overall finalists.

**5K Run/Walk:**

1st, 2nd, & 3rd place medals will be given to the top three female and the top three male runners in each age group.

Fastest overall female and male time will receive a prize.

**Date:** December 2, 2017

**Time:** Late Registration – 7:30 a.m.

Kids Run- 8:00 a.m.

5K Run/Walk – 8:10 a.m.

**Place:** Dick Kleberg Park

501 East Escondido Rd.

Kingsville, TX 78363

**Packet Pickup Location & Time:**

 CHRISTUS SPOHN Colston Family Wellness Gym

Friday, December 1, 2017

 6:00 a.m. – 7:30 p.m.

**Any Questions? Contact: Eddie Garcia**

Phone: 361-595-9409 Email: eduardo.garcia@christushealth.org

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Return form to: Colston Wellness Gym, 2nd Floor, 1307 East General Cavazos Blvd. Kingsville, Texas 78363

$25.00 Registration Fee. (Portion of fee benefits the Kleberg Pregnancy Resource Center) $5.00 Registration Fee for Kids Run. Shirts given to 5K participants only. Goody bags and certificates given to Kids Run participants. Make checks payable to Colston Wellness Gym. NO REFUNDS.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:** \_\_\_\_\_\_\_**Sex:** \_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Event:** \_\_\_\_\_ 5K \_\_\_\_\_ Kids Run (ages 5-11)

**Shirt Size Preference** (Exact shirt size not guaranteed)**:** S M L XL XXL

**Age Group (circle one)**: Kids Run (5-11) 12-14 15-19 20-29 30-39 40-49 50-59 60+

WAIVER AND RELEASE: (Read carefully before signing) In consideration of acceptance of this entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in the CHRISTUS Spohn Colston Family Wellness Gym Jingle 5K or kids run, and I hereby release and hold harmless the officials, sponsors, volunteers, involved municipalities, other public entities, CHRISTUS SPOHN Colston Family Wellness Gym, its officers, their agents, or employees, and do hereby waive for myself, my heirs, successors and assigns, any and all claims for damages for death, personal injury or property damage which I may have, or may hereafter accrue to me as a result of my participation in said event. I also understand that my entry fee is non-refundable. This entry is invalid unless signed by the entrant. If entrant is under 18 years of age, parent or legal guardian must sign below.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_