



5K/1K/0.0K CRAB RUN

5K CERTIFIED/TIMED RUN & 5K/1K WALK

SATURDAY, MAY 11, 2024

Fort Travis Seashore Park
900 Hwy 87, Port Bolivar, TX 77650

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age on Race Day: _____ Date of Birth: _____ Gender: M F

Shirt Size: **Child:** S M L **Adult (Unisex):** S M L XL XXL XXXL

Event (check only one) _____ Team 5K/1K, \$20/\$25 Race Day (per person)

_____ Adult 5K/1K (19 yrs & older), \$25/\$30 Race Day _____ Adult 0.0 (over 21 yrs), \$25/\$30 Race Day

_____ Teen 5K/1K (13-19 yrs), \$15/\$20 Race Day _____ Kids 1K (12 yrs & under), \$5/\$10 Race Day

T-Shirt Guaranteed if registered by April 10, 2024

EARLY PACKET PICK-UP: Friday, May 10 at Crystal Beach Fire Station, 930 Noble Carl Dr. in Crystal Beach, 10am – 2pm

RACE DAY PACKET PICK-UP: Race Site, Fort Travis Seashore Park, 7-8 am

No Dogs, please!

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, & administrators, forever waive, release and discharge any and all rights & claims for damages and causes of suit or action, known or unknown, that I may have against The Texas Crab Festival Charities, FTR Race Management, Galveston County and all other political entities, all independent contractors and construction firms working on or near the course, all Texas Crab Festival 5K committee persons, officials, sponsors, and volunteers and their officers, directors, employees, & all sponsors of the event, & the related race events & their officers, directors, employees, agents & representatives, successors, & assigns for any and all injuries suffered by me in this event. I attest that I am physically fit and am aware of the dangers & precautions that must be taken when running or walking in warm or cold conditions & have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical & emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to FTR Race Management, Texas Crab Festival Charities and/or agents hereby authorized by them to use any photographs, videotapes, motion pictures, recording or any record of this event for any legitimate purpose at any time. I further understand that there are no entry refunds, exchanges, transfers or rollovers and the event may be cancelled due to any of the following reasons: among others, including, county orders, weather conditions, natural disasters, or the threat to local and/or national security including suspected terrorist activity. I have read this waiver carefully & understand it. Applications for minors accepted only with parent or guardian's signature.

I ALSO UNDERSTAND THERE ARE NO REFUNDS FOR THIS EVENT.

Signature-Applicant or Guardian

Date

Make checks payable to Texas Crab Festival Charities; mail to PO Box 2002, Crystal Beach, TX 77650

Register online: <https://texascrabfestival.org/5K>

Contact: Charles Boles: bolescharles01@gmail.com, or info@texascrabfestival.org