



Lake Jackson Freeport Area Triathlon Club
2nd ANNUAL SURFSIDE SHUFFLE 10K/5K RUN



Race Registration Form

Date: **January 15, 2011**

Location: **Surfside Beach, Texas**

Packet Pick-Up: **TBD for Friday, January 14**

**See www.SurfsideShuffle.com for Packet Pick-up location*

Race Day Registration/Packet Pick up: **Stahlman Park - 6:30am - 7:30am**

Start Time: **8:00am**

Entry Fees: **\$20.00 (online registration)**
 \$25.00 (race day)

Race:

10K Runner

Male

Age on Race Day: _____

5K Runner

Female

Adult T-Shirt size (circle one): **S M L XL XXL**

(t-shirt size guaranteed to the first 200 paid runners)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Release of Liability:

In consideration of my participation in the LJFAT Run, I assume full and complete responsibility for any injury or damage done to my person or party that may occur during said participation or while I am on the premises utilized by said even and I hereby release and hold harmless the sponsors, promoters, LJFAT, the Village of Surfside Beach, Texas and all other persons or entities associated with this event from any and all injury, damage or expense suffered by me, whether it be caused by my own negligence or the sponsors or promoters or other entities associated with the event or agents or employees or otherwise.

Please mail completed forms to

**LJFAT – Surfside Shuffle
PO BOX 3131
Lake Jackson, TX 77566**

Participants Signature

Date

Parent/Guardian, if less than 18 years of age

Date

CASH or CHECK only