



Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Email address \_\_\_\_\_

Sex: Male Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-shirt size: X Small Small Medium Large X Large XX Large

Division: Individual Relay HARRA #: \_\_\_\_\_

HARRA TEAM NAME: \_\_\_\_\_

Relay division: Male Female Mixed

Relay name: \_\_\_\_\_  
 (each relay member must fill out an entry form and they should be presented together)

Waiver: I acknowledge that road races are an extreme test of a person's physical and mental limits and carries a potential for death, injury and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATION IN THE USA 10 MILER. I hereby certify that I am capable of completing this race and that I am physically fit and that I've sufficiently trained for this event. I agree not to sue or hold harmless any persons, sponsors, volunteers, participants, On The Run, Inc., Brooks or Houston Area Road Runners Association for any and all claims or liabilities that I've waived, released or discharged herein. I hereby authorize medical treatment for any injuries sustained during this event. I understand and take full risk on behalf of myself and/or said minor. Please note: If you do not supply a HARRA number on this entry form, you will not be entered as a HARRA runner and will not be eligible to receive HARRA points. There will be no exceptions.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: On The Run/USA 10 miler Amount Paid: \_\_\_\_\_

Mail to: On The Run/USA 10 miler, 2427 Bay Area Blvd. Houston TX 77058

ABSOLUTELY NO REFUNDS. ENTRIES ARE NOT TRANSFERABLE OR EXCHANGABLE.

Event Fees:	On or Before September 13	After September 13	Raceday
10 Miler	\$50.00	\$60.00	\$70.00
2 Person Relay	\$75.00	\$85.00	\$95.00

HARRA members receive a \$2 discount.