



Where:
 Cooper Fitness Center @ Craig Ranch
 7910 Collin McKinney Pkwy
 McKinney, TX 75070

When:
 May 8, 2010
 1 Mile Fun Run – 8:00 am
 5K/10K – 8:45 am

Why:
 To raise funds for pain research

Registration fees (Add \$5 after May 1, 2010)

5K – \$20.00
 10K – \$30.00
 1 Mile – \$12.00
 Virtual Walker - \$15.00 (includes a free race t-shirt)

*Group discounts available for parties of 10 or more. (contact Tricia for more details)

We are recruiting!!! To be involved with the planning of the event or to volunteer on the day of the event, please contact Tricia Scott at tricia@triumphoverpain.org.

TOP 5K/10K Registration Form

Name: _____
 Street Address: _____
 City / ST / Zip: _____
 Phone: _____
 Email: _____
 Emergency Contact: _____
 Phone: _____

Gender (circle one) Male Female Birthday: _____ Age on Race Day _____
 Category (choose one):
 ___ 5K \$20.00 ___ 1 Mile Fun Run \$12.00
 ___ 10K \$30.00 ___ Virtual Walker \$15.00
 T-Shirt Size (circle one): Additional (\$15 each):
 Adult XS S M L XL XXL Adult ___XS ___S ___M ___L ___XL ___XXL
 Youth S M L Youth ___S ___M ___L
 TOTAL \$ _____

You may also register online at www.TriumphOverPain.org.
 Please send your registrations to:

Triumph Over Pain
 Attn: Tricia Scott
 PO Box 1693
 Frisco, TX 75034

All participants MUST read and sign and date this Waiver!

In consideration of your accepting this entry, I the undersigned intending to be legally bound, hereby for myself, my heirs, executor, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes for suit or action, that I may have at any time against Triumph Over Pain, City of McKinney, Cooper Fitness Center @ Craig Ranch, RSDSA, all race committee persons, officials, volunteers and all sponsors of the TOP 5K/10K, for any and all injuries suffered by me as a result of participating at this event. I attest that I am physically fit, have had an opportunity to consult a physician or have consulted a physician and have not been advised of any or do not have any medical disabilities, concerns or restrictions, which would preclude or put me at risk as a result of participation in this event and am aware of the dangers and precautions that must be taken when running in warm or cold conditions, and sufficiently trained for this event. I consent to the use of my name, likeness and any photos and/or video footage in which I may appear to any purposes related to the promotion of Triumph Over Pain 5K/10K and do so without expectation of remuneration of any kind.

 Signature (Parent/Guardian signature required if under 18 years old) Date