



Celebrating 27 Years of Advocacy

Saturday, October 19, 2019
Rockwall City Hall
385 South Goliad St
Rockwall, Texas 75087

If you say No-Way to running a 5-K, but want to partake in Some-Way...

Here's a Great-Way to help children in our community –

Become a Supporter of our No-K!

7:00 a.m.	NO Check-in...Sleep in!	9:00 a.m.	Let the Race Begin (0.0)
8:15 a.m.	Stretch Out & Cuddle-up	10:00 a.m.	NO Awards...but, NO Sweat!
8:30 a.m.	Fun Run for little ones	All morning	Donuts.Donuts! And, Coffee.

If by mail, must be postmarked by October 2nd.

No-Run "REGISTRATION"

Name: _____
 Address: _____ City: _____ State: ___ Zip: _____
 Phone: _____
 Email: _____

To-day is a great day to support a No-K (0.0 mi.):

Now - 10/18: _____ \$30.00
 On Race Day: _____ \$35.00

Please make checks payable to:

Lone Star CASA and mail to: Lone Star CASA,
P. O. Box 414, Rockwall, TX 75087. Thank you!

www.lonestarcasa.org 972-772-5858

No-Way Waiver

I know that running a road race is a potentially hazardous activity. I'm so glad to not have to run, even if I am medically able & properly trained. I won't concern myself with the risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather (including high heat and humidity), traffic, the conditions of the road, or indigestion, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my decision not to run, I for myself and anyone entitled to act on my behalf, waive and release CASA and Racing Systems, their officers, agents, all sponsors and employees, their representatives and successors from all claims or liabilities of any kind arising out of my nonparticipation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video-graphs, motion pictures, recordings or any other record of this event.

Signature: _____ Date: _____

Your T-Shirt Size: SML: ___ MED: ___ LG: ___ XLG: ___

