



16th Annual Helotes Half-Marathon
 13.1 miles • 7:30 a.m. start
 Cost: \$30 (after 9/30- \$40)

5K Run/Walk
 3.1 miles • 7:30 a.m. start
 Cost: \$20 (after 9/30- \$35)

Stroll & Roll
 1.25 miles • 7:30 a.m. start
 Cost: \$10 (after 9/30- \$20)

Course starts and finishes at Soler's Tri Sports
 14405 Old Bandera Road

SPONSORS

A portion of the proceeds benefit the Spina Bifida Association of Texas. To learn more about Spina Bifida Association of Texas, visit: www.sbatx.org.



Texas MedClinic
 For Life's Little Emergencies
www.texasmedclinic.com

REGISTRATION

- 1) Online: www.rogersoler.com (by 10/8)
- 2) Mail in form below
- 3) In person:
Roger Soler's Sports
 2589 Jackson Keller (210-366-3701)
 5933 Broadway (210-930-3148)
 14405 Old Bandera (210-695-6430)

AWARDS

- 5K Run/Walk Participants**
- ✓ Top male and female • Top masters male and female
 - ✓ Top three male/female in age groups (14 & under , 15-19, ...to 70+)
 - ✓ Participants receive short sleeve shirt

- Half-Marathon Participants**
- ✓ Over \$1,000 in cash prizes for male and female winners (1st \$200 • 2nd \$150 • 3rd \$100 • 4th \$50)
 - ✓ Top three male/female in age groups (14 & under , 15-19, ...to 70+)
 - ✓ Participants receive long sleeve shirt
 - ✓ All finishers receive a Custom Finishers Medal

PACKET PICK-UP (LATE REGISTRATION)

Thursday, Oct. 11 and Friday, Oct. 12
noon — 6 p.m.
Soler's Tri Sports
 14405 Old Bandera Road, Helotes
 210-695-6430
Race day packet pick-up 6:00-7:15 a.m.

SOLER'S SPORTS

www.rogersoler.com

TEXAS MEDCLINIC 5K RUN/WALK AND HELOTES HALF-MARATHON RUN

RELEASE OF LIABILITY AGREEMENT
 In consideration for the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby agree to assume full responsibility for my own safety and to save and hold harmless Roger Soler's Sports and all race sponsors, race officials, volunteers and their employees and agents, acting officially or otherwise from any manner predicated on loss or damage to the property or the injuries to, or death of any person which may occur resulting from my participation in the Texas MedClinic Helotes Half-Marathon and 5K Run/Walk and do hereby waive any demands or claims thereof. I attest and verify that I am physically fit and sufficiently trained to participate in the same. **I understand there is no refund.** I have carefully read this agreement and fully understand its contents.

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE #: _____ E-MAIL: _____

AGE on 10/13/07: _____
 DOB: _____
 SEX: M F
 T-SHIRT:
 M L XL

— *Select Event* —

Half-Marathon <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 (after 9/30)	5K Run/Walk <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 (after 9/30)	Stroll & Roll <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 (after 9/30)
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Mail check & completed form to:
 Roger Soler's Sports
 2589 Jackson Keller
 San Antonio, TX 78230

Make checks payable to Roger Soler's Sports

QUESTIONS?
 Contact: Roger Soler's Sports
 Phone: 210-366-3701
 Web: www.rogersoler.com

Signature (Parent's Signature If Under 18) _____ Date _____