

26th
ANNUAL

METROPLEX SILVER CLASSIC

5K
RUN & 3K WALK

Sunday, March 4, 2012 • 8:30 a.m.

Pre-Race Registration & Packet Pick-up

Thursday, March 1 • 5:00 - 7:00 p.m.

Race Day • 7:00 - 7:45 a.m.

Entry Fee:

General: \$20 before February 27 and \$25 after

Employees/Active Military: \$15 before February 27 and \$20 after

Fee includes:

- Snacks for race participants
- Cen-Tex Race Series event
- Chip Timing
- Body Mass Index (BMI) Screening from 7:00 - 7:45 a.m.
- Silver Classic T-shirt
- Door prizes
- Goody bag

Trophies awarded to 1st Place Runner/Walker in each category.

Medals awarded to 2nd & 3rd Place Runner/Walker in each category.



**METROPLEX
HEALTH SYSTEM**

SCOTT & WHITE HEALTHCARE

254.519.8200

mplex.org

2012 Silver Classic 5K Run & 3K Walk Entry Form

Sunday, March 4, 2012 • Start time 8:30 a.m. at Metroplex Adventist Hospital Main Entrance

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Please Circle One:

(M) 5K Runner (F) 5K Runner (M) 3K Walker (F) 3K Walker

Long Sleeve T-Shirt Size:

Adult: SM MED LG XL XXL

Youth: SM MED LG XL (only available until Feb. 17)

Age Group:

11 & Under	12 - 15	16 - 19	
20 - 24	25 - 29	30 - 34	
35 - 39	40 - 44	45 - 49	50 - 54
55 - 59	60 - 64	65 - 69	70+

Age on Day of Race: _____

How did you hear about the Race? _____

Metroplex Adventist Hospital, the Sponsor, retains the right to reject any applicant's registration. The conduct of all entrants will be governed by the "Race Rules", which will be provided to entrants at registration. The decision of the Silver Classic 2012 race monitor(s) will be final.

Wavier of Claim (must be signed and submitted with registration): In consideration of the acceptance of this registration by the Sponsor, I agree to hold harmless and unconditionally release the Sponsor from any and all liability, cost, expense, claim and damage arising out of or related to my participation in the Silver Classic 2012.

I grant Metroplex Health System permission to use photographs and/or information on the secure hospital website (mplex.org) or in any marketing collateral.

X _____
Entrant Signature (Parent Signature, if under 18)

Checks payable to: Metroplex Silver Classic
Mail to: Metroplex Wellness Department
2201 S. Clear Creek Rd. • Killeen, TX 76549