

2010-11 FLORIDA GULF BEACHES ROAD RACES

Last Name _____ First Name _____ Date of Birth (M/D/Y) ____/____/____
 Address _____ Day Phone (____) _____
 City _____ State/Province _____ Zip/Postal Code _____ Country (if not USA) _____
 Sex: M _____ F _____ E-Mail (for confirmation and updates) _____
 Emergency Contact _____ Phone _____ T-shirt size: S M L XL XX

POSTMARKED ENTRY FEE DEADLINES	Sun, Oct. 31 Halloween Half / 5K	Sun, Dec. 12 Holiday Halfathon	Sun, Jan. 23 Clearwater Halfathon	Sun, Jan. 23 Clearwater 5-Miler	Sun, Jan. 23 Clearwater 5k Fitness Walk	Sun, March 20 Florida Beach Half / 5K
Before June 27	___\$50 ___\$20					
Before July 18		___ \$50				
Before Sept. 12	___\$60 ___\$25		___ \$50	___ \$20	___ \$20	
Before Oct. 24	___\$70 ___\$30					
Before Oct. 31		___ \$60				___\$50 ___\$20
Before Dec. 5		___ \$70	___ \$60	___ \$25	___ \$25	
Before Jan. 16			___ \$70	___ \$30	___ \$30	
Before Feb. 5						___\$60 ___\$25
Before March 13						___\$70 ___\$30
Register On-Site	___\$80 ___\$35	___ \$80	___ \$80	___ \$35	___ \$35	___\$80 ___\$35
RACE DAY AGE	_____	_____	_____	_____	_____	_____
Est. Finish Time	_____	_____	_____	_____	_____	_____

Wheelchair: YES NO Early Start Walker: YES NO
 1st Half Marathon: YES NO

_____ **In addition to race entry fees, I want to help the Lance Armstrong Livestrong Foundation battle cancer. My tax-deductible donation is made payable to the LAF.**

TOTAL DUE _____ Please make check or money order for entry fees payable to Gulf Beaches Road Races.

I have full knowledge of and assume the risks (heat exhaustion, heat stroke, personal injury, etc.) involved in training for and participating in the Florida Gulf Beaches Road Races (the "Races") and represent that I am physically fit and sufficiently trained to participate therein. Because you are relying on these representations and in consideration of your accepting my entry into the Races, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and causes of action I have or may have against the Florida Gulf Beaches Road Races, WaterCross International, Inc., the Board of County Commissioners of Pinellas County, the cities or townships of Clearwater, Belleair Beach, Belleair Shore, Indian Rocks Beach, Madeira Beach, Redington Beach, North Redington Beach, Redington Shores, Indian Shores, Largo, and Seminole, the state of Florida, USA Track & Field, any and all sponsors of the Races, their agents, employees, officers, directors, successors and assigns, jointly and separately, from and against any and all claims, actions, demands or damages which in any way arise out of or result from my training for or participating in the Races or Race related events. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

I UNDERSTAND THERE ARE NO REFUNDS, TRANSFERS OR CREDITS, UNLESS I REGISTER BEFORE JULY 31 FOR THE FLORIDA HALLOWEEN HALFATHON; BEFORE AUGUST 12 FOR THE FLORIDA HOLIDAY HALFATHON; BEFORE SEPTEMBER 23 FOR ANY OF THE CLEARWATER EVENTS; BEFORE NOVEMBER 20 FOR THE FLORIDA BEACH HALFATHON. I UNDERSTAND I MUST NOTIFY THE RACE DIRECTOR IN WRITING OR BY E-MAIL AT LEAST TWO WEEKS PRIOR TO THE RACE I ENTERED. I UNDERSTAND ALL REFUNDS WILL BE ISSUED AFTER THE FLORIDA BEACH HALFATHON, ON OR ABOUT APRIL 1, 2011. I UNDERSTAND THERE ARE NO TRANSFER OF ENTRY FEES TO ANOTHER ATHLETE.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian (for runners under 18 years old) _____ Date _____

MAIL TO:
 Florida Gulf Beaches Road Races
 P.O. Box 47774
 St. Petersburg, FL 33743-7774

**VOICEMAIL: (727) 347-4440 · FLROADRACES@AOL.COM · WWW.FLROADRACES.COM
 THANK YOU FOR JOINING US!**