

# 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	Sat, Jan 23 Clearwater Halfathon	Sat, Jan 23 Clearwater 5-Miler	Sat, Jan 23 Clearwater 5k Fitness Walk	Sun, March 21 Florida Beach Half / 5K	Sun, Oct 31 Halloween Half / 5K	Sun, Dec. 12 Holiday Halfathon
Before Jan 16	_____ \$60	_____ \$30	_____ \$30			
Before Feb 14				____\$50	____\$25	
Before March 13				____\$60	____\$30	
Before May 30					____\$40	
Before July 31					____\$50	____\$20
Before Aug 29						____\$50
Before Sept 27					____\$60	____\$25
Before Oct 25					____\$70	____\$30
Before Nov 8						____\$60
Before Dec 5						____\$70
Register On-Site	____\$70	____\$35	____\$35	____\$70	____\$35	____\$80
<b>Race Day AGE</b>	_____	_____	_____	_____	_____	_____
Est. Finish Time	_____	_____	_____	_____	_____	_____
Wheelchair: YES NO						
Early Start Walker: YES NO						

\_\_\_\_\_ **In addition to race entry fees, I want to help the Lance Armstrong Foundation battle cancer. My tax-deductible check 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 SEPTEMBER 13 FOR ANY OF THE CLEARWATER EVENTS; BEFORE NOVEMBER 8 FOR THE FLORIDA BEACH HALFATHON. BEFORE AUGUST 1 FOR THE FLORIDA HALLOWEEN HALFATHON AND THE FLORIDA HOLIDAY 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, 2010. 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