2010 Fall Fling 5K Application

Official Use
Race Number

Make checks payable to: GFLRRC
Mail to:
Fall Fling 5K
PO Box 2512
Ft Lauderdale, FL 33303-2512

_____ _____ _____ ( ) ( )
Last Name First Name Age on Race Day Male Female

_____
Mailing Street Address (Indicate Apt. No. and /or C/O)

_____ _____ _____
City State Zip Code

_____
E-mail

_____ _____ _____ _____
Birthdate: Month Day Year Emergency Contact Telephone

Entry Fees	**Pre-Reg**	**Race Day**	**Event**	**Check One**
GFLRRC Members	$22.00	$32.00	5K Run ( ) Walk	( )
Non-Members	$27.00	$32.00	5K Run ( ) Walk	( )
Students (19 & Under)	$12.00	$32.00	Kids Fun Run	( )
Kids Fun Run & Youth Mile	$5.00	$7.00	Youth Mile	( )

T-Shirt Size: Small ( ) Medium ( ) Large ( ) X-Large ( )

In consideration of accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for losses and damages I may have against the Greater Fort Lauderdale Road Runners Club, race directors, their officers, directors, members and volunteers, any and all sponsors including other parties and their representative successors, and assigns for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this athletic event and competition which I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. USE OF HEADPHONES, OR ROLLING SKATES / INLINE SKATES, BABY JOGGERS ARE NOT PERMITTED ON THE COURSE. NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER.

_____

Signature *Date*

_____

Signature of Parent or Legal Guardian (if Under Age 18) *Date*