

7th Annual Run for the Athletes 5K

Date & Time

Saturday, April 17, 2010
 7:30am 5k Run/Walk (3.1 miles)
 Free Kids Run 8:30am
 Awards Ceremony following Kids Run

Registration

For easy online registration visit
www.frontrunningsports.com. Online
 registration open thru **Thursday
 April 15th.**

Walk in or mail in completed entry
 form to Race Headquarters at:
 Front Running Sports
 3801 W. Lake Mary Blvd., Ste 119
 Lake Mary, FL 32746 - Ph: 407-322-1211

**Make all checks payable to:
 Allied Race Management**

Entry Fees:

(all entry fees are non-refundable/ non transferable)

Thru April 10th \$20

April 11 - 16 \$25

Day of Race - \$30 - cash or check only.

Day of Registration opens 6:30am

**FREE Kids fun run to all children, register day
 of race. Online registration not available
 for kids run.**

Location:

Winter Springs High School
 130 Tuskawilla Road
 Winter Springs, Florida 32708

T-Shirts

All registered participants will receive a commemorative race t-shirt.
 Shirt sizes not guaranteed for day of race registration.

Packet Pick-Up

Pre race pick up of race number and t-shirt at Front Running Sports
 Thursday April 15 thru Friday April 16 from 10am to 7pm.
 Packets will be available on race day from 6:30am to 7:30am at the race.

ALL TIMING CHIPS WILL BE DISTRIBUTED DAY OF RACE.

5k Awards - RFID Chip Timed and Scored

Awards are given in overall, and age group categories. Overall
 awards are given to overall male and female, overall masters
 male and female. Age group awards are given 3 deep to each male
 and female in the following categories: 10 and under, 11-14, 15-19, 20-24,
 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. Only
 participants who wear the designated timing chips are included in
 race results.

Beneficiary

This event will benefit Winter Springs High School Athletics

Restrictions

For safety reasons, baby-joggers/strollers, in-line skates, skateboards,
 and dogs will not be allowed in the race.

www.FrontRunningSports.com

Run for the Athletes 5k

Thru April 10 \$20
 April 11 - 16 \$25
 Race Day \$30 Cash or Check Only

OFFICIAL USE ONLY

Last Name	First Name	Male	Female						
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Address (street)		Apt/Suite #		Date of Birth	Age on Race Day				
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>				
City	State	Zip Code		Email Addr					
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>					
Home Phone	Day Phone	Shirt Size							
<input type="text"/>	<input type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">S</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">L</td> <td style="padding: 2px;">XL</td> </tr> </table>				S	M	L	XL
S	M	L	XL						
Method of Payment	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Charge <input type="checkbox"/>	____ Visa	____ Mastercard				
<input type="text"/>				Expiration Date	<input type="text"/>				
				Month	Year				
				<input type="text"/>	<input type="text"/>				

Amount Enclosed

Mail completed entry form to:
 Front Running Sports
 3801 W. Lake Mary Blvd., Ste 119
 Lake Mary, FL 32746

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. By indicating your acceptance, you understand, agree, warrant and covenant as follows: As a condition of my entry being accepted I intend to be legally bound and do hereby for myself, my heirs, and executors, waive and release all rights and claims for damages which may hereafter occur to me against Front Running Sports, Inc., Allied Race Management, Inc., Winter Springs High School, the City of Winter Springs, and their agents, representatives, successors, assignees, and sponsors from any and all claims or liability of any kind that may arise from my participation in the 2010 Run for the Athletes, even though that liability may arise out of negligence or carelessness on the part of the releaseses. If I should suffer injury or illness, I authorize the officials of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest that I am physically fit and hereby grant full permission to any and all of the foregoing to use photographs, video tape, motions pictures, recordings, or any other record of this event, with my likeness for any purpose whatsoever. I also understand that by registering for this event I may receive notifications of future events. I AM OF LEGAL AGE AND I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature Required (if under 18, parent signature required)