

FLORIDA GULF BEACHES ROAD RACES

Use this entry form for both the Gulf Beaches Holiday Halfathon in December and our Clearwater races in January!

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

GULF BEACHES HOLIDAY HALFATHON (13.1 MILES) - DECEMBER 14, 2008

Entry Fee: ___ Postmarked by August 31 \$40 AGE ON 12/14/2008 _____
___ Postmarked by October 26 \$45 First Half Marathon? Y N
___ Postmarked by November 23 \$50 Wheelchair? Y N Early Start Walker? Y N
___ Postmarked by December 6 \$60 Projected Finish Time _____
___ On-site, December 13 - 14 \$70 Do you need a post-race shuttle from the finish to the start? Y N

CLEARWATER HALFATHON (13.1 MILES) - JANUARY 18, 2009

Entry Fee: ___ Postmarked by August 31 \$35 AGE ON 1/18/2009 _____
___ Postmarked by September 14 \$40 First Half Marathon? Y N
___ Postmarked by November 9 \$45 Wheelchair? Y N Early Start Walker? Y N
___ Postmarked by December 21 \$50
___ Postmarked by January 10 \$60 Projected Finish Time _____
___ On-site, January 17 - 18 \$70

CLEARWATER 5 MILER - JANUARY 18, 2009

Entry Fee: ___ Postmarked by August 31 \$15 AGE ON 1/18/2009 _____
___ Postmarked by November 9 \$20 First 5 Miler? Y N
___ Postmarked by January 10 \$25 Wheelchair? Y N Early Start Walker? Y N
___ On-site, January 17 - 18 \$30 Projected Finish Time _____

___ 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, Madeira Beach, Redington Beach, North Redington Beach, Redington Shores, Indian Shores, Seminole and Largo, 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 AUGUST 1 FOR THE HOLIDAY HALFATHON OR BEFORE SEPTEMBER 14 FOR THE CLEARWATER HALFATHON AND THE CLEARWATER 5 MILER. I UNDERSTAND I MUST NOTIFY THE RACE DIRECTOR IN WRITING OR BY E-MAIL AT LEAST TWO WEEKS PRIOR TO THE RACE I ENTERED. ALL REFUNDS WILL BE ISSUED ON OR ABOUT FEBRUARY 1, 2009.**

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
WEBSITES: WWW.FLORIDAHALF.COM & WWW.CLEARWATERHALF.INFO

THANK YOU FOR JOINING US!