42nd Annual Springtime IOK

Online registration available at: Eventbrite.com

Date: Saturday, April 1, 2017 **Time:** 10K/5K – 8:10 a.m. 1 mile – 7:45 a.m. Location: Leon County Courthouse; 301 South Monroe Street, Tallahassee, FL

Register and Pick-up packet: Thursday, March 30 and Friday, March 31 at Capital City Runners from 12:00 p.m. – 6:00 p.m.

VISIT OUR WEBSITE WWW.SPRINGTIME10K.COM OR EMAIL SPRINGTIME10K@GMAIL

Name:		Sex (check one): ☐ Male ☐ Female
Date of Birth:	Age on April 1, 2017:	E-mail:
Address:		
City:	State:	Zip Code:
Phone:	Race: □10K □5K □1 Mile	Shirt Size: □XS □S □M □L □XL □NONE
Are you competing as a student, family Springtime Kent Vann Striders Awards List name of school <u>and</u> student; teach		elementary or middle school team for a
INDIVIDUAL		
Date	Shirt	No Shirt
10K/5K/1 Mile Before March 31	\$24	\$19
Race Day	\$25	No Discount
GROUPS OF 3 OR MORE (Prices are	e per person.)	
10K/5K/1 Mile Before March 31	\$20	No Shirt Option Not Available
Race Day (No Group Discounts)	\$25	No Discount
GWTC Chenoweth Fund Donation (Specify amount)	Leon County Humane Society Donation (Specify amount)	Boys & Girls Club Donation (Specify amount)
\$	\$	\$
Director's discretion. Races may be cancelled or pothere are no refunds. Waiver: In consideration of your acceptance of madministrators and assigns, waive and release any officers and directors, members or representative Springtime races, which may arise from my participate the negligence or negligent actions or other fault of equipment owned, maintained or controlled by the understand that running a road race is a potential that I am physically fit and sufficiently trained for the claims against the parties I am releasing if I suffer am voluntarily assuming the risk of such injuries a		I, the undersigned, for myself, my heirs, executors or loss of property against Gulf Winds Track Club, it ing in any way the promotion or organization of the veling to or from the event, even if caused in part be dangerous or defective condition of any property of participation is voluntary and done at my own risk. ess I am medically able and properly trained. I attess forever giving up in advance any right to sue or make what extent those injuries and damages might be and greency expenses in the event of an accident or other
	OUR CHECK PAYABLE TO GWTC	
MAIL (POSTMARKE	Amount Enclosed:	

AMANDA HUDSON AT 1609 SHADOWMOSS AVENUE, TALLAHASSEE, FL 32308

Amount	Enclosed: