

SHUT UP AND RUN X-C 5K RACE

November 23rd, 2017* Thanksgiving Day* 8 am start* **Benefits St. Francis House**

- LOCATION: Treaty Park located @ 1595 Wildwood Drive, St. Augustine 32086
- TIME: 8 AM
- REGISTRATION: **Pre registration until November 15th, 2017**
Mail to: Sally Howes
6342 Salado Rd
St. Augustine, FL 32080
- CHECK IN: Registration starts at 6:45 am Race Day
- AWARD CATEGORIES: **Male & Female 1st and 2nd for Overall**
Male & Female 1st only for Vet Grandmaster, Masters, High School, Middle(12U)
- PRIZES: Coffee Mugs
- COURSE: uneven flat surfaces of varied terrain
- Long Sleeved T-SHIRTS ***GUARANTEED TO PREREGISTERED ONLY***
Long sleeve tech shirt (adult sizes only) available INSTEAD of cotton
for extra \$7.00 & must be ordered BY - NOV 1st, 2017
- ENTRY FEE: *Pre registration* \$18.00 ACRR Members
\$20.00 all others
\$70.00 Family

FAMILY = max 4 participants with all entries & waivers signed by each participant- in same envelope- 1 check payable to ACRR

Race day registration \$20.00 ACRR Members

\$25.00 all others

\$80.00 Family (4 participants max)

CONTACT INFO **Sally Howes (904) 436-6612 ; (904) 540-9279 rpmstaugustine@yahoo.com**

PLEASE PRINT LEGIBLY and CHECKS FILLED OUT TO ACRR

Name: _____ Race Day AGE _____ Sex: *M* *F*

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ EMAIL: _____

COTTON T- Shirt Size: Youth MED S M L XL

OR

TECH T-shirt SIZE & Sex : M / F S M L XL

RACE DIVISIONS

VET GRANDMASTER (70+) MASTERS(40-69) OPEN HIGH SCHOOL MIDDLE (12 & U)

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of the official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running this even, including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being know and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Ancient City Road Runners, the American Association of Running Clubs, race liability of any kind officials and all sponsors, their representatives and successors, from all claims or arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE: _____ PARENT OR GUARDIAN IF UNDER 18 _____