



proudly presents the 9th Annual

Citrus Road Run 5K

Saturday, July 30, 2011

6:30 am Registration & Packet Pick-up
7:30 am 5K Race
8:15 am Kids Fun Run

Citrus Springs Middle School
150 W Citrus Springs Blvd. Citrus Springs, Florida

Awards (T-Shirts guaranteed to pre-registered only)
Overall Individual Male / Female
Overall Masters (40+) Male / Female
Medals 3 Deep in 5 year Age Groups (9-under thru 75-up)

Entry Fee Register on-line: www.active.com
\$15 Pre-Registered (by August 3rd)
\$13 CRR Club Member (Advanced Registration Only)
\$20 Race Day Registration (All Athletes)
\$ 2 Special Fun Run for the Kids



www.citrusroadrunners.org

Contact

Citrus Road Runners (352) 637-2475 email: info@citrusroadrunners.org

Please enter me in the 5K Run Fun Run Amount Enclosed: _____

Make checks payable to: CITRUS ROAD RUNNERS
P.O. Box 94
Inverness, FL 34451-0094

T-SHIRT SIZE S M L XL XXL is \$2 extra

NAME _____ DOB ____/____/____ AGE (ON RACE DAY) _____ SEX _____

ADDRESS _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

CITRUS ROAD RUN 5K RELEASE WAIVER: I understand that Entry Fees are Non-Refundable & Non-Transferable.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skate boards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by these guidelines. 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 Citrus Road Runners, Citrus County Board of County Commissioners, Citrus County School Board, RRCA, DRC Sports, Chris Moling, Citrus Orthopedic and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I understand that I may be issued a timing chip for use during the event and that I am responsible for returning the chip after the event or agree to pay a replacement fee of \$30. I also agree that I may be examined and treated if necessary during the course of the race by qualified race personnel in the event medical problems of any cause arise. The race officials or qualified personnel have the right to remove me from the race if, in their opinion, I may be suffering from a life threatening condition. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recording, or any other record of this event for any purpose whatsoever.

SIGNATURE(Parent if under 18 years of age) _____

For Office Use Only

Method of Payment: Cash _____ Check# _____ Date Received: _____ Amt: _____ By: _____