Bulldog 5K Run/Walk

When: May 16, 2015

Race Time: 8:00 a.m.

Where: Morgan Park

DeSoto Co. Morgan Park 1100 W Hickory St. Arcadia, FL 34266

Registration closes May 13th

Adults: \$20.00

Child 17 & Under: \$15.00

Race Day Registration

(6:30-7:30 A.M.): \$25

300 Registered Runners Max

Awards for Overall, Masters, ,Grand Masters, Veterans Master and top 3 male/female in each age group

Zoomers Running Club 5\$ off

Supported by DeSoto Athletics

Register online @ https://runsignup.com/Race/FL/Arcadia/Bulldog5krunwalk

Make Non-refundable check payable to: $DeSoto\ Athletics$

Mail to: Athletic Director Desoto County High School 1710 E Gibson St Arcadia, FL 34266

(Please Print)

First Name	Last Name City	Age On Race Day		Male Female
Address		State	Zip	
	Phone #			
Email				_

T-Shirt Size [XS] [S] [M] [L] [XL]

For Questions and Comments Please Email Jarrett Zolkos @ Jarrett.zolkos@desoto.k12.fl.us

Waiver and Release

I know that running 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 on 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: fall, contact with other participant, the effects of the weather, traffic and conditions of the course, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration on your accepting my entry, I for myself and anyone entitled to act on my behalf waive and release Durtiming, Endurance Sports Timing, Desoto Athletics and all sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on part of the person and entities named in this waiver. I certify that I am 18 years of age or older, or that I am the parent/guardian of the entrant, and am granting permission for him/her to participate.

SignatureSignature of Parent/ Guardian if under 18)	Date
Print Parents Name:	



