

JUNE 22, 2013

Register online at RamonaFC.com

Course: The Fun Run will start and finish at Olive Peirce Middle School. The course runs through	vill start and finish at Olive Peirce Middle School. The course runs through the
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streets west of the school.

Registration: Adults - \$25 (Day of event \$30)

Ages 6 to 12 - \$15 (Day of event \$20) Under 6 - FREE (optional T-shirts \$10)

Family Teams (up to 5) - \$60

T-Shirts: FREE to paid participants who register by June 8, 2013

Check-in: 7:00 AM at Olive Peirce Middle School (1521 Hanson Lane, Ramona, CA 92065)

Start Times: 8:00 AM 5K Run/Walk

9:00 AM 1 Mile Tot Trot (on OPMS Track)

Awards: Medals will be awarded to the 1st, 2nd, and 3rd place men and women finishers. All

Tot Trot runners will receive a participant medal.

Race Coordinator: Julie Njaa Phone: (619) 847-6522 info@ramonfc.com

Cut and mail entry with check payable to: Ramona Futbol Club, Inc., PO Box 3744 Ramona, CA 92065								
Last Name	Name First Name							
Address								
City					State		Zipcode	
Phone			_ E-ı	mail				
T-Shirt Size: (Circle one): S	M	L	XL	XXL	Youth S	Youth M	Youth L	
Amount Paid \$		(Please make check payable to Ramona Futbol Club, Inc.)						

WAIVER: I, the participant in Ramona's Summer Solstice Celebration event, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, Ramon Futbol Club, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Print Name	Signature	Date
Relationship if signing for minor		