



Chuck Strasser Memorial Candy Cane 5K

Saturday, December 16th, 2017

MAIL TO Runner's High Timing and Race Management
1430 Arrowhead Trail
Enterprise, FL 32725

OR REGISTER ONLINE AT www.RunnersHighRacing.com

PLEASE PRINT LEGIBLY

NAME _____

ADDRESS _____ TEL _____

CITY _____ STATE _____ ZIP _____

SEX _____ AGE _____ BIRTHDATE (mm/dd/yyyy) _____ / _____ / _____ ENCLOSED \$ _____

Entry fees are nonrefundable. Credit cards accepted during online registration only. Cash or Check only accepted on race day.

SHIRT SIZE: Sizes are not guaranteed for late registration.

Unisex Cotton Short Sleeve T-Shirt XS(____) S(____) M(____) L(____) XL(____) 2X(____)

Women's Long Sleeve T-Shirt XS(____) S(____) M(____) L(____) XL(____) 2X(____)

EMAIL ADDRESS _____

I know that participating in this event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete. I assume all risks associated with participating in this event 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 known 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 Runner's High Timing and Race Management LLC, the Road Runners Club of America, United States Track and Field (USATF), Volusia County, City of Ormond Beach, Tomoka Christian Church and any and all 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 on the part of persons named in this waiver. I am aware that the foregoing organizations assume no liability in the event of cancellation of this event for any reason and that the entry fees are not refundable. I grant permission to use my e-mail address and understand that it will be used to provide monthly updates about races and events. I also give my permission to make my e-mail address available to some valuable sponsors on occasion. Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic record of this event for legitimate purposes.

Signature _____ Date _____

Parent if race participant is under the age of 18

RACE ENTRY FEES

Thru October 29th: \$25

October 30th – December 14th: \$30

December 15th – Race Day: \$35

START/FINISH LINE

Destination Daytona

1637 North US Highway 1

Ormond Beach, FL 32174