



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



FOOD - ENTERTAINMENT - DOOR PRIZES

LOCATION: Maxine Barritt Park: 1800 Harbor Dr S, Venice, FL 34285

DATE/TIME: January 5th, 2019
Registration begins at 6:30 am
Race begins at 8:00 am

FEES: 10/01—10/31: \$25 Adult, \$20 Youth (14 and under)
11/01—11/30: \$30 Adult, \$25 Youth (14 and under)
12/01—01/05: \$35 Adult, \$30 Youth (14 and under)

RACE INFORMATION: Packet Pick-Up: Thursday January 3rd, 2019 from 4-6 pm
at The SKY Family YMCA & On Race Day beginning at 6:30 am

AWARDS: Awards 3 deep in each 5 year age division & long sleeve t-shirt
for the first 250 participants!

SIGN UP: www.runsignup.com or in person at:
The SKY Family YMCA 701 Center Road, Venice, FL 34285

FOR MORE INFORMATION
PLEASE CALL 941-492-9622
www.swflymca.org

Resolution 5K Run–Saturday, January 5th, 2019

Sponsored by The SKY Family YMCA



MAKE A RESOLUTION AND RUN WITH IT!

RACE LOCATION: Maxine Barritt Park: 1800 Harbor Dr S, Venice, FL 34285

EARLY PACKET PICK-UP: Thursday January 3rd, 2019 from 4-6 pm at The SKY Family YMCA
Day of registration begins at 6:30 am

RACE BEGINS AT 8:00AM SHARP

					/ /
Last Name	First Name	M	F	Age	Date of Birth
Address			City		State & Zip
- -					Shirt Size XS S M L XL
Phone		E-Mail Address			

In consideration for my being accepted, I intend to be legally bound and do hereby for myself, heirs, executors and administrators release and relinquish all rights and claims for damages which I may have or which may hereinafter accrue to me against The SKY Family YMCA, Inc., VABI, The City of Venice & Sarasota County, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors and supporters for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry or participation in an event itself. I also covenant with the aforementioned persons and entities not to sue any of such persons for any activity, including the negligence of such persons and entities. I certify that I have represented by my application for entry that my physical condition and training for this event is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, rigors and the risk of the events involved. If I should suffer injury or illness, I authorize any official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby agree that in the event of a race cancellation due to a storm, rain, wind, inclement weather or other "Acts of God", my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial Use.

Emergency Contact: _____ Contact Phone # _____

Signature (Parent if under 18)	Date:	\$ Total:
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Would you like to make a one time donation of \$1 \$3 \$5 or other \$_____ to support YMCA scholarship fund?

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<input type="checkbox"/> Visa	<input type="checkbox"/> Master	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	Exp.	No Refunds	



Make Checks Payable to and Mail To: SKY Family YMCA/ 5K / 701 Center Rd / Venice / FL / 34285