

NEW SMYRNA BEACH GREAT CANDY RACE Quarter Marathon • 5K RUN

Presented by Clancy's Cantina

WHEN: SATURDAY, October 12, 2019 @ 8:00 A.M.

WHERE: MEET AT CLANCY'S CANTINA (301 Flagler Ave, New Smyrna Beach, 32169) AWARDS TO FOLLOW AT CLANCY'S CANTINA

ENTRY FEE: - QUARTER MARATHON - \$30 REGISTRATION THROUGH 9/1 / \$35 AFTER 9/1 & \$40 DAY OF RACE - 5k - \$25 REGISTRATION THROUGH 9/1 / \$30 AFTER 9/1 & \$35 DAY OF RACE REGISTRATION (NO REFUNDS FOR ANY REASON FOR EITHER RACE)

MAIL TO: Leisure Services, Attn: New Smyrna Beach Great Candy Race, 210 Sams Ave, New Smyrna Beach, Florida 32168 / 386-410-2890

Pre-Registration ends Wednesday, October 9th at midnight.

RACE DAY REGISTRATION: 6:45 TO 7:30 A.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 8:00 A.M.

MAKE CHECKS PAYABLE TO CITY OF NEW SMYRNA BEACH

RUNNERS WILL BE AWARDED FINISHER MEDALS FOR BOTH RACES

ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED TO RECEIVE AN EVENT TECH SHIRT.

AWARDS: BOTH RACES RUNNERS MAY RECEIVE AWARDS IN THE FOLLOWING CATEGORIES: OVERALL, MASTERS, GRAND MASTERS AND THE TOP THREE FINISHERS IN 14 CATEGORIES FOR MALE AND 14 CATEGORIES FOR FEMALE.

SCORING: RFID CHIP TIMING WILL BE USED. RESULTS WILL BE AVAILABLE AT www.RaceSmith.com

GRAND PRIX: New Smyrna Beach is proud to be a charter member with the Daytona Running Series.

Both races will count towards points in the Daytona Running Series

FOR MORE INFO ON THE DAYTONA RUNNING SERIES: CONTACT BOB HAMLIN @ Bob@DaytonaRunningSeries.com

SPONSORED BY THE CITY OF NEW SMYRNA BACH & CLANCY'S CANTINA

2019 NEW SMYRNA BEACH GREAT CANDY RACE ENTRY FORM

NAME _____

GENDER: M _____ F _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

AGE (on Oct. 12, 2019) _____ BIRTHDATE (required) _____

SHIRT SIZE: ADULT SM _____ MED _____ L _____ XL _____ XXL _____ YOUTH LARGE _____

CHECK ONE: **QUARTER MARATHON** _____ **5K** _____

I WISH TO BE ALLOWED TO PARTICIPATE IN THE NEW SMYRNA BEACH GREAT CANDY RACE. I UNDERSTAND THAT THE CITY OF NEW SMYRNA BEACH DOES NOT CARRY MEDICAL INSURANCE COVERAGE AND WILL NOT BE LIABLE FOR ANY INJURY SUFFERED BY ME. I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE CITY, ITS AGENTS AND EMPLOYEES, FROM ANY LIABILITY FOR ITS/THEIR NEGLIGENCE OR NEGLIGENT ACTS OR OMISSIONS OF THE CITY OR ITS AGENTS OR EMPLOYEES IN CONNECTION WITH THE EVENT. IF I SHOULD SUFFER AN INJURY OR ILLNESS, I AUTHORIZE THE RACE OFFICIALS TO USE THEIR DISCRETION TO HAVE ME TRANSPORTED TO A MEDICAL FACILITY. I CERTIFY THAT I HAVE PROPERLY TRAINED FOR THIS EVENT. BY SIGNING THIS FORM, I GIVE THE CITY OF NEW SMYRNA BEACH PERMISSION TO PUBLISH OR USE VIDEO IMAGES, PHOTOGRAPHIC PORTRAITS OR PICTURES OF ME, ALONG WITH MY NAME, FOR ART, ADVERTISING, TRADE, PUBLIC INFORMATION OR ANY OTHER LAWFUL PURPOSE. I WAIVE INSPECTING AND/OR APPROVING THE FINISHED PRODUCT OR THE COPY THAT IS USED OR ANY COMPENSATION IN CONNECTION WITH THE PUBLICATION.

Date _____ Signature (Parent Or Legal Guardian If Under 18) _____

Both races count towards points in the Daytona Running Series