



**Donut Stations Sponsored by:** 

# Saturday April 27, 2019

7:00 a.m. Check In/Registration 8:00 a.m. Race Starts

#### **Entry Fees**

\$25 Through April 26
\$20 Children under 12
\$20 Law Enforcement employees
\$30 Race Day Registration (all runners)
Entry Fees are nonrefundable

#### Awards

Top over all Male & Female Top 3 in each age group: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70 and older . *All children under 14 must be accompanied by an adult.* 

#### Amenities

Participant medals, T-Shirt, (Availability and size of shirt only guaranteed to those who register by April 12. Participants not registered by April 12 will receive T-shirts based on a first-come, first-served basis), goody bags

## Location

Trails Shopping Center 254 North Nova Road Ormond Beach, FL 32174 Near La Fiesta

### Course

The race will begin and end at the back of the trails shopping center. Racers will enjoy a scenic course though the Trails and Tomoka Oaks neighborhoods. Racers can enjoy donuts by Krispy Kreme the Donut Stations.

**Pre-Register on-line at www.RaceSmith** through April 26 or complete the entry form below and mail it to the Ormond Beach Police Athletic League, 170 West Granada Blvd., Ormond Beach, FL., 32174. Make checks payable to **Ormond Beach Police Athletic League**. All proceeds benefit OBPAL youth programs.

Entry Form

Entry torm					
FIRST NAME:			_LAST NAME:		
ADDRESS:			CITY:		STATE:
ZIP:	PHONE:		D.O.B.:	AGE (DAY OF RACE)	·
GENDER: MF_	T-SHIRT SIZE: S M LX	XXL_	Youth (large only)		
PAYMENT: CASH	CHECK #	TO P/	AY BY CREDIT CARD, REGIS	STER ONLINE AT RACESI	MITH.COM

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound and do hereby for myself, my heirs, and executors waive all rights and claims for damages which may hereafter accrue to be against Ormond Beach Police Athletic League, City of Ormond Beach, RaceSmith, Inc. and the sponsor for the race which I am entering, any subsidy or political division thereof, its or their respective officers, agents, employees, representatives, successors, assigns and sponsors for any and all damage or injuries which may be sustained and suffered by in connection with my association with entry or participation in the event as it is mentioned above. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for these actions. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recordings or any other record of this event for any purpose. Bicycles, baby strollers/joggers, dogs, inline/roller skates are prohibited. I HAVE READ THE ABOVE RELEASE AND UN-DERSTAND I AM ENTERING THIS EVENT AT MY OWN RISK

Printed Name:\_

\_\_\_\_\_ Printed Youth Name:\_\_\_\_

Signature( or parent if under age 18):

PRE-RACE PACKET PICK UP: FRIDAY, APR. 26TH THE O.B.P.A.L. HOUSE, 194 CENTRAL AVE. 3:00 PM - 6:00 PM

FOR MORE INFORMATION PLEASE CALL 386 676-3505