



7th Annual Run to Stop Crime

Saturday, January 14, 2017 • 7:30 am

*Race begins at Ormond Beach City Hall
22 South Beach Street, Ormond Beach, FL 32174*

REGISTRATION FORM

Run to Stop Crime 10k/5k is open to all runners and walkers. All entry fees are non-transferable and non-refundable. Your entry fee will include a t-shirt (guaranteed for first 150 registered), a goodie bag and food/beverages. Proceeds benefit Crime Stoppers of Northeast Florida, Inc.

Run to Stop Crime 10K/5k Entry Fee:

Until January 13th	(10k) \$25 for individuals	(5k) \$20 for individuals
Race Day	(10k) \$30 for individuals	(5k) \$25 for individuals

Make your check payable to Crime Stoppers of Northeast FL and mail to (mail deadline is January 10th):

Crime Stoppers
PO Box 15224
Daytona Beach, FL 32115

Results: Results will be posted at the run and at www.WeStopCrime.com. Chip timed and scored at the start and finish by RaceSmith. Awards will be presented to top 10k & 5k runners in each age group.

Course: Begins and ends near Ormond Beach's City Hall. Course runs along the river (Beach Street) in Ormond Beach & Holly Hill. Turns will be monitored. 3 water stations will be located on the route. There is a 2 hour course limit. Please, for safety reasons no dogs, headsets, strollers or rollerblades. Be alert to possible road hazards along the course. (10k & 5k is USATF Certified #FL10104EBM)

Directions to Race Site: Ormond Beach City Hall is located at 22 South Beach Street, Ormond Beach. From US-1 head East on Granada Blvd. City Hall is at the Corner of Granada and South Beach Street. Parking is located behind City Hall.

Packet Pickup: Friday, January 13th from 11am - 2pm at Spikes (1237 Ridgewood-Holly Hill). Packets may also be picked up at 6:30am on race day.

Reminders: All runners must sign a waiver release form (located on the back of this form) to be entered into the 10k/5k. Parent's signature is required for those under 18 years old.

Crime Stoppers of Northeast Florida, Inc. is a non-profit organization that offers anonymity and rewards to people who provide information leading to an arrest.

We serve Flagler, Putnam, St. Johns and Volusia Counties.

"Helping our community solve and prevent crime through citizen participation."

www.WeStopCrime.com

ENTRY FORM

Please Print Legibly: make checks payable to Crime Stoppers of NE FL. Donations are gladly accepted.

Note: Email address required to confirm receipt of application and entry fee.

Name _____ Sex _____ Birth Date _____ Age _____ T-shirt size: XS S M L XL

Street Address _____ City _____ State _____ Zip Code _____

E-mail _____ Phone # _____ 10k _____ 5k _____

Entry Amount \$ _____ + Donation Amount \$ _____ = **TOTAL INCLUDED \$** _____

Please Mark: cash check

Check Number _____

Are you competing as a member of a Team: If so, please answer the questions below: (A team must consist of 3 or more participants all of which are competing in the same distance category) **5k Team** or **10k Team**

Team Name _____

REMEMBER TO SIGN THE WAIVER ON THE BACK OF THIS FORM! FOR QUESTIONS: CALL 386-212-6543

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." Registration #CH16680.

Waiver Release Form - Must be Signed

STANDARD ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL) BEFORE SIGNING, ALL ATHLETES MUST READ AND SIGN.

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I understand and agree to the Entry Forms and Terms and Conditions published by the Crime Stoppers of Northeast Florida 10k/5k, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Crime Stoppers of Northeast Florida 10k/5k, I, for myself, my heirs and assigns do hereby release the Crime Stoppers of Northeast Florida, Inc., RaceSmith, Inc., the City of Ormond Beach, the City of Holly Hill, all sponsors, volunteers, 10k/5k staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the 10k/5k or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all 10k events. I will not enter and run unless I am medically able and properly trained to do so. I understand that the course is open to participants for 2 hours.

Signature

Print Name

Date



FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AND COMPLETE THE FOLLOWING SECTION

The Undersigned (parent/guardian) _____, of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named here-in. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the term of the foregoing AWRL. I represent that I have the capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL, for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act on behalf of the minor in execution of the foregoing AWRL, or in execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by Crime Stoppers of Northeast Florida. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course at attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume such risk for and on behalf of myself and said minor.

I acknowledge that no warranty is being made as to the results of any medical treatment.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Relationship to Minor

Date

Note for runners under 18 years old: Parent/Guardian must sign both sections

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