SPRING-4-A-CAUSE 5K RUN / WALK

Name
Address
City,State,Zip
Phone
Email
Date of Birth
Age on Race Day
Gender (Circle) M / F
Shirt Size Youth / Adult Small / Med. / Large / X-Large
Fee Paid
Checks Payable To:
Pedro Menendez Athletic Booster Club

Release: In consideration of the acceptance of my application to participate in

the Spring-4-A-Cause, I do hereby release and discharge the Pedro Menendez Athletic Booster Club, RaceSmith Inc., The St. Augustine Shores Service Corp., the Riverview Club, the County of St. Johns, the State of Florida Department of Transportation, all race sponsors, servants or employees from any and all liability for their own negligence, for damages or injuries that I might receive during my participation, whether due to the acts of third persons or otherwise. I attest that I am physically fit and well trained to participate in the Spring-4-A-Cause on March 18, 2017.

Signature and Date_____



MARCH 18TH, 2017 8:00 A.M. RIVERVIEW CLUB 790 CHRISTINA DR. ST. AUGUSTINE, FL USATF COURSE CERTIFICATION #FL10015EBM

REGISTER ONLINE WITH RACESMITH.COM

REGISTRATION FEES: EARLY REGISTRATION \$25 AFTER MARCH 1ST \$30 DAY OF RACE \$35

PRE-RACE PACKET PICK UP: FRIDAY MARCH 17TH 3:30-7:00 ST. AUGUSTINE SHORES GOLF COURSE 707 SHORES BLVD. ST. AUGUSTINE, FL 32086

PEDRO MENENDEZ BOOSTER CLUB

P.O. Box 860303 St. Augustine, FL 32086-0303

Race Contact: PMHSspring4acause5K@yahoo.com