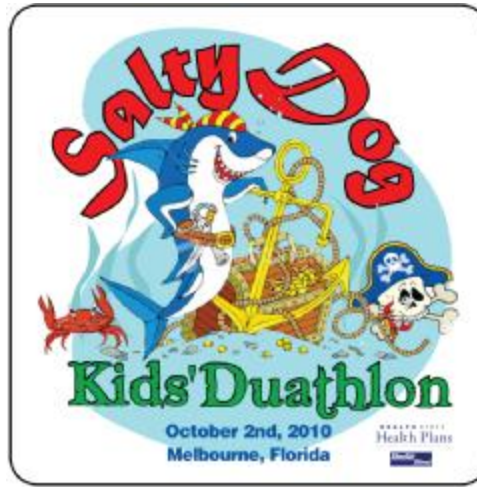


Presented by



Health First Health Plans



SATURDAY, OCTOBER 2, 2010 AT 9:30 AM

EAU GALLIE CIVIC CENTER

Benefiting Ronald McDonald House Charities® of Central Florida

6-9 Yrs. 400M RUN-2 MILE BIKE-800M RUN

10-12 Yrs. 800M RUN-4 MILE BIKE-1 MILE RUN

TIMETABLE:

Tuesday, Sept. 28th -Friday, Oct. 1st 10:00 am – 6:30 pm

Packet Pickup & Registration at **Running Zone**
across from Wickham BCC Pavilion

Saturday, October 2nd – Eau Gallie Civic Center

(Between Highland Ave. and Pineapple Ave.)

8:30 am Late Packet Pickup – Check In/Marking

9:20 am 6-9 Yrs. Pre Race Instructions

9:30 am 6-9 Yrs. **START!**

10:45 am 10-12 Yrs. **START!**

**PIRATE MEDALS
FOR ALL
FINISHERS!
FUN PIRATE T-SHIRTS**

**\$5 USAT ONE DAY MEMBERSHIP
REQUIRED!**

**One parent allowed in transition with
arm band!**

MUST SHOW CARD TO OBTAIN PACKET

FEES:

\$30 Registration

NO RACE DAY REGISTRATION

SALTY DOG KID'S DUATHLON OFFICIAL ENTRY FORM

Send completed entry form with fee to: Make check payable to: Running Zone
Running Zone, 3680 N. Wickham Road, Unit C, Melbourne, FL 32935

Name _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ Email address _____

Sex: Male Female Date of Birth ____/____/____ Age on Race Day ____

USAT Membership # _____ (Need copy to obtain race packet)

Please check shirt size: Sizes: Youth Med Youth Lg Adult Small Adult Med Adult Lg

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Running Zone Foundation event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

SIGNATURE _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

DATE _____