



# KIDS MARATHON & HALF MARATHON

**Saturday, October 3rd, 2015**

**7:30 am**  
Satellite Beach, FL

**For Kids 12  
& Under**



**KIDS HALF MARATHON 1.31 MILES**  
**KIDS MARATHON 2.62 MILES**  
**DOUBLE DOG DARE Both!**

**Thursday & Friday October 1st & 2nd**  
**10:00 am – 6:30pm**

Packet Pickup & Registration at Running Zone  
(across from the King Center on Wickham Rd.)

**Saturday, October 3rd,**

**Schechter Center, Satellite Beach**

6:00 am Packet Pickup & Registration

7:20 am Late Registration ends

**7:30 am 1.31 Half Marathon Start!!!**

2.62 START to follow Half Marathon



**BENEFITS: THE HAVEN FOR CHILDREN**

**LONG DOGGER MEDALS  
FOR ALL FINISHERS!**

**SPECIAL DOUBLE DOG DARE MEDAL  
FOR ANYONE  
COMPLETING BOTH  
DISTANCES**

**\*NEW MEDAL DESIGNS!**

<b>FEES:</b>	<b>Until 10/2</b>	<b>Race Day</b>
1.31 or 2.62	\$15	\$20
Double Dog Dare	\$25	\$30

**Register Online:**

[Secure.Runningzone.com/LongDoggers/](http://Secure.Runningzone.com/LongDoggers/)

**LONG DOGGERS KIDS MARATHON & HALF MARATHON OFFICIAL ENTRY FORM** Make check payable to: Running Zone  
Mail to: Running Zone 3696 N. Wickham Road, Melbourne, FL 32935

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Parent's Email address \_\_\_\_\_

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

School Team Challenge: \_\_\_\_\_

KIDS HALF MARATHON (1.31 MILES) \_\_\_\_\_ KIDS MARATHON (2.62 MILES) \_\_\_\_\_

Please check shirt size:(cotton shirt):  Youth Sm  Youth Med  Youth Lg  Adult Sm  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 Race Series 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, emails 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 if under 18 \_\_\_\_\_

Date \_\_\_\_\_

Any parent/guardian wanting to accompany their child may do so free of charge. Please sign the signature line below agreeing to the above waiver.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Health Plans**