



KIDS MARATHON & HALF MARATHON

Saturday, October 3rd, 2015

For Kids 12 & Under

7:30 am Satellite Beach, FL



1.31 MILES 2.62 MILES Both!

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

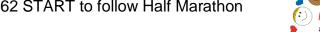
Packet Pickup & Registration at Running Zone (across from the King Center on Wickham Rd.)

Saturday, October 3rd,

Schechter Center, Satellite Beach

Packet Pickup & Registration 6:00 am

7:20 am Late Registration ends 1.31 Half Marathon Start!!! 7:30 am 2.62 START to follow Half Marathon



LONG DOGGER MEDALS FOR ALL FINISHERS!

SPECIAL DOUBLE DOG DARE MEDAL FOR ANYONE COMPLETING BOTH **DISTANCES** *NEW MEDAL DESIGNS!

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

Register Online:

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 Date of Birth//		
Sex: ☐ Male ☐ Female	Date of Birth//	Age on Race Day _	
School Team Challenge:			
KIDS HALF MARATHON (1	I.31 MILES) KIDS MARAT	THON (2.62 MILES)	
Please check shirt size:(cott	ton shirt): 🗆 Youth Sm 🗆 Youth Med 🗆 Y	outh 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









