



REGISTRATION FORM

Register online at: ExcaliburRun.com

Sunday, March 19, 2017 Viera, Florida

10 Miler & Relay: 7:30 am Start Dragon Slayer 2 Miler: 7:45 am Start Year 2 of the Game of

Stones Series 2017: Sapphire Sword



REGISTRATION TYPE	EARLY BIRD	REGULAR	LATE
PAY BY DATE	JUL. 1 - SEPT. 30	OCT. 1 - MAR. 17	MAR. 18 - MAR. 19
EXCALIBUR 10 MILER	\$55	\$65	\$75
RELAY (PER TEAM MEMBER)	\$45	\$55	\$65
DRAGON SLAYER 2 MILER	\$30	\$30	\$35
SELECT RACE DISTANCE:			
NAME: First Last			
☐ Male ☐ Female RACE DAY AGE			
EMAIL ADDRESS			
(Please print legibly as this email will be used to send important race communication and your virtual race bag.)			
STREET ADDRESS			
CITY			
WOMEN'S: X-Small Medium Large X-Large XX-large MEN'S: Small Medium Large X-Large XX-Large CHOOSING A SIDE OF LOYALTY (Bib Color): Only 10 Miler and Relay participants. Maroon Blue You will start on the corral side of your chosen color. RELAY TEAMS: RELAY TEAM TYPE: Co-Ed Female Male Team Name: Team Member Name: (Must match your partner's team name.)			
DRAGON SLAYER 2 MILER UNISEX COTTON T-SHIRT SIZE:			
☐ Youth Medium ☐ Youth Large ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-large			
NOTE: Entry fees are non-refundable and race numbers are non-transferable.			
MAKE CHECKS PAYABLE: Running Zone Foundation MAIL TO: Running Zone Foundation, 3696 N. Wickham Rd., Melbourne, FL 32935			
INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED! In consideration of my entry into the 2017 Excalibur 10 Miler Weekend Event being accepted, I intend to be legally bound, and do 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 2017 Excalibur 10 Miler Weekend 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 emails, 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	DATE:		
SIGNATURE OF PARENT FOR THOSE UNDER 18			



