

**Space Coast Trail Series
2020 Printable Registration Form**

Mail to: FTGSF, Inc
801 E. Hibiscus Blvd. Ste 1.
Melbourne, FL 32901

First Name: _____ Last Name: _____ Gender: M - F

Age on Race Day: _____ Date of Birth: _____ Email Address: _____

Address: _____

City/State/Zip: _____ Phone # _____

Emergency Contact Name: _____ Phone # _____

The following Races are part of the Space Coast Trails Series

Circle Race / Races for the 2020 Series:

	6K	12K
Fox Lake, Titusville, Jan 5th, 2020	\$35	\$55
Malabar Scrubs, Malabar, Jan 19th, 2020	\$35	\$55
Wickham Park, Melbourne, Feb 23rd, 2020	\$35	\$55
Sebastian Inlet, Mar 20th, 2020	\$35	\$55
All Four Races	\$120	\$200

If paying by Credit Card

Credit Card Number _____ Exp _____ CVV _____

In consideration of you accepting this entry, I, the participant signed below, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, sponsors, volunteers, supporters, AVTECH, EEL's, Running Zone, For the Girls Scholarship Fund Inc., DWH PT&OT and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

I have read, understood, and accept the agreement above. My submission of this form shall act as my legal signature. Applicants under 19 years of age must have the signature of a parent or guardian approving such entry. The race committee may decline to accept any application for entry for any reason.

Initial here certifying you have read and accept all terms of this agreement _____ (initial)

Unsigned entries will not be accepted. Parents or Guardian must sign for children under 19-years-old.

BY SIGNING THIS FORM YOU GIVE UP ANY CLAIM FOR INJURY OF ANY KIND AND CERTIFY YOU HAVE READ THIS WAIVER AND THAT YOU AGREE TO IT'S TERMS PRINTED ABOVE.

LIABILITY RELEASE: SIGNATURE: _____ Date _____

Please Print Name: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN IF ENTRANT IS UNDER 19: _____

PRINT NAME OF PARENT OR LEGAL GUARDIAN IF ENTRANT IS UNDER 19: _____