



~All proceeds benefit Beyond the Walls Food Pantry~

LOVE WEEK 5K

SATURDAY, FEB. 13, 2016. 8 A.M.

Registrations will be accepted at **the Casino Building from 6:40 A.M. to 7:40 A.M.** 604 W. Berckman St, Fruitland Park, FL 34731

COURSE

DRC Sports Athletic Event Management will use **chip timing** with a large display clock, and post results. The out and back course will remain the same as last year. We will begin on Berckman St. near City Hall with a run around Mirror Lake and a hill will make this a challenging run through a residential area. **See the race course map on the back.**

AWARDS

Finisher metals will be provided to each runner at the finish line.

Register by February 1st to ensure a shirt.

REGISTRATION

Go to raceroster.com (search love week) or fill out form below. **Clip and Mail to :** City of Fruitland Park, 506 W. Berckman St. Fruitland Park, FL 34731: **Checks payable to:** City of Fruitland Park. **Drivers License number MUST be written on check.**

ALL REGISTRATIONS MUST BE POSTMARK BY JANUARY 25th.

Contact Recreation Department at **352-516-9149** for more information.

REGISTER ONLINE @ RACEROSTER.COM / FEBRUARY 13, 2016

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Sex: M F Age on Race Day _____ Birth date _____

T-Shirt Size: S M L XL XXL XXXL XXXXL Youth: YXS YS YM YL

5K Race Day of event entry fee is \$30 CASH. NO CHECKS WILL BE ACCEPTED DAY OF RACE

\$25 early fee accepted until February 1st deadline. DL# must be written on all checks.

By submitting this entry form and in consideration of the acceptance of this entry form by the City of Fruitland Park, I both for myself and for my heirs, personal representatives and assigns, hereby release and forever discharge the City of Fruitland Park, its officers, employees, agents, DRC Sports Athletic Event Management, Heritage Community Church, and any other sponsors from any claims for loss or injury that I may have against them in connection with this event. Further, I, both for myself and for the parties set forth above, agree to indemnify and hold the City of Fruitland Park harmless from any and all claims or demands asserted against it in connection with my participation in this event, including attorney's fees. If they should suffer such injury or illness, I authorize the officials of this program to use their discretion to have me/them transported to a medical facility and I take full responsibility for this action. Shirts/Goodie Bags will be forfeited by no-shows.

Signature of Entrant _____ Date _____

Signature of Parent or Guardian if under age 18 _____

