

River City Eagles #4526 presents: SOARING SOLES 5k/10 k

Sunday, January 10th

8:00am

At the Historic DeBary Hall

198 Sunrise Blvd,

DeBary, FL 32713

Gorgeous Routes AND
RACE LOGO FINISHER'S MEDAL
TO ALL PARTICIPANTS!



SOARING SOLES

Thank you for supporting our fundraising efforts for:
Special Olympics of Volusia County

**Special
Olympics
Florida**



Fulfillment of \$100 SOAR BOX grid or any \$100 individual donation entitles participant to: 1 free race entry and name on shirt. Please email your name-logo to SoaringSoles@outlook.com for inclusion on the shirt. A Vector format file is preferred for best quality printing.

Complete and sign the form below and send with your signed Volusia County Participant Release of Liability form, SOAR BOX grid, and check payable to:

RIVER CITY EAGLES #4526 – AUXILIARY

12 S CHARLES RICHARD BEALL BLVD

DeBARY, FL 32713

All donations are tax deductible and a tax form is available upon request.

For more race information go ONLINE to www.FinalMileRaceManagement.com

Should you have any questions, please feel free to contact us via email at SoaringSoles@outlook.com.

Registration: One entry per form.

All SOAR BOX grid entries must be received by January 4, 2016

PLEASE PRINT LEGIBLY

Organization or Team Name: _____

NAME _____

ADDRESS _____ **TEL** _____

CITY _____ **STATE** _____ **ZIP** _____

SEX: M F AGE _____ **BIRTHDATE (mm/dd/yyyy)** ____/____/____ **ENCLOSED \$** _____

Entry fees are nonrefundable. Credit cards accepted during online registration only. Cash or Check only accepted on race day.

SHIRT SIZE: Free Event Logo Shirt. Sizes are not guaranteed for late registration.

YOUTH S() YOUTH M()

ADULT S() M() L() XL () 2X ()

5K() OR 10K()

EMAIL

ADDRESS _____

Incomplete or unsigned Entry Forms will not be accepted. In consideration of my entry being accepted, I Intend to be legally bound and do hereby for myself, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to me against Final Mile Race Management, LLC, Historic DeBary Hall, The City of DeBary, Fraternal Order of Eagles, Special Olympics of Florida, the County of Volusia, the race sponsors, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in the event as is mentioned above. If I should suffer injury or illness I authorize officials of the race to use their discretion to have me transported to a medical facility, and I take full responsibility for this action, I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Bicycles, baby strollers/joggers, dogs, inline/roller skates, are prohibited. **I have read the above release and understand that I am entering this event at my own risk.**

Signature _____ **Date** _____

Parent if race participant is under the age of 18

VOLUSIA COUNTY PARTICIPANT RELEASE OF LIABILITY -- READ BEFORE SIGNING

This release must accompany your registration to be valid

In consideration of being allowed to attend and participate in any way in the County of Volusia's sponsored activities and related programs and events, I agree that:

1. The risk of injury from attendance at the participation in sponsored activities is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my attendance or my child's attendance and participation; and

3. I agree to comply with the stated and customary terms and conditions for attendance and participation. If I observe any unusual significant concern in my attendance or my child's attendance or readiness for participation and/or in the sponsored activities itself, I will remove myself or my child from the sponsored activity and bring my concern to the attention of the nearest official immediately; and

4. I, for myself, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE COUNTY OF VOLUSIA, SCHOOL BOARD OF VOLUSIA COUNTY, VOLUSIA COUNTY, municipalities, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the sponsored activity, their officials, officers, employees and/or agents, ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property incident to my or my child's attendance or participation in sponsored activities WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, for myself, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my or my child's involvement or participation in sponsored activities, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____	_____	Date: _____
PARTICIPANT SIGNATURE	(PRINT NAME)	
_____	_____	Date: _____
(PARENT/GUARDIAN SIGNATURE)	(PRINT NAME)	

PHOTO RELEASE (optional)

By signing this form, I give the County of Volusia permission to publish or use photographic portraits or pictures of me or my child, along with me or my child's name, for art, advertising, trade, public information or any other lawful purpose.

I waive inspecting and/or approving the finished product or the copy that is used in connection with the publication.

I release the County of Volusia from any liability from the use of my photograph or reproduction thereof. NOTE:

For minors, a signature is required by BOTH the minor and parent/legal guardian.

_____	_____
PARTICIPANT SIGNATURE	PARENT/GUARDIAN SIGNATURE