



VETERANS DAY FISHER HOUSE 5K

Run-Walk-*Roll

Friday, November 11, 2011

6:30am Registration/Packet Pick-up. 8:00am Start

UF Commuter Lot at Gale Lemerand Drive
University of Florida-Gainesville, Florida



Gainesville, Florida • 352.372.8651 • www.TheTrophyShop.com



Benefiting
The Gainesville Fisher House

The Fisher House will provide a refuge to veterans, military members, and their families in 52 counties in the N. Florida/S. Georgia Service Region.

All finishers will be entered into a drawing for two UF vs. FSU football tickets! Must be present to win.

For more info or to donate go to www.GainesvilleFisherhouse.org

Chip Timing by: MILESTONE Race Authority

USATF Sanctioned Course # 11-14-076. Mostly flat with a furious downhill finish!

Awards will be given to Top male and female, Top Master's male and female, *Top 3 Wheelchair Category male & female and Top 3 Hand-Cycle male & female. Awards will also be given to the Top 3 finishers in each age group as follows: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79 and 80 & over.

"11-11-11" COMMEMORATIVE DOG TAG TO ALL PARTICIPANTS 12 YEARS or YOUNGER!

REGISTRATION: All payments are non-refundable. Save Time! Register online: at ACTIVE.COM:

http://www.active.com/page/Event_Details.htm?event_id=1967542&asset1 Please Check if: *Wheelchair Athlete *Hand-cycle Athlete

- \$20 - Advanced Registration ONLINE at active.com or by check until 10-20-11
- \$25 - Registrations between 10-21 and 11-7-11(on line registration closes 11-7-11)
- \$30 - On Site Day of Race Registration
- \$5 - Children under 12 years old Day of Race (no shirt)

Make checks payable to: Veterans Day Fisher House 5K

Mail to: PO Box 12463, Gainesville, FL 32604

\$30 - Day of Race - Registration Begins at 6:30am. (Shirts are not guaranteed after 10-31 or for on-site registration. (First come first served.)

COMPLETE THIS SECTION FOR REGISTRATION PLEASE PRINT

Print Name: Last _____, First _____ Cell Phone: _____
 Email: _____ Are you participating with a UF Greek org/or UF club? ___yes Name of Org _____
 Address: _____ Phone Carrier: _____ (For Finish Line text)
 City: _____ State: _____ Zip Code: _____ Date of Birth: ___/___/___
 Sex: M / F (Please circle) Shirt Size: S M L XL (Please circle) Age on Day of Race: _____

As participant in the Veterans Day Fisher House 5K referred to herein as ACTIVITY, I am fully aware of the risks and hazards connected with my participation in a 5K, and hereby elect to voluntarily participate in the Activity, knowing that the Activity may be hazardous to me or my property. I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR ITS VOLUNTEERS, SPONSORS, AGENTS, or otherwise. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Organization, its membership, and their officers, servants, agents, employees, or volunteers (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Activity. It is my express intent that this Release and Hold Harmless Agreement (hereinafter "Agreement") shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Florida. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the SPONSORS, University of Florida Board of Trustees, the State of Florida, and their officers, servants, agents, employees, volunteers.

Signature of Participant: _____ Date: ___/___/___

Signature of Parent or Guardian (for participant under 18): _____ Date: ___/___/___



Sponsorships Available: Contact: Brandon Davis at: brandonatuf@ufl.edu or Barry.Murphy716@yahoo.com