



30th ANNUAL ED ROOT MEMORIAL 10K & 5K RUN

*10K USATF Certified Course #FL06062DL
5K USATF Certified Course #FL06061DL*

WHEN: SATURDAY, DECEMBER 7, 2013 @ 8:00 A.M.

WHERE: MEET AT CORONADO CIVIC CENTER LOCATED AT THE CORNER OF PINE AND FLAGLER
(223 Flagler Ave, New Smyrna Beach, 32169)

ENTRY FEE: - \$25 REGISTRATION / \$35 DAY OF RACE (NO REFUNDS WILL BE GIVEN)
STUDENTS - 5K or 10K - \$15 / \$25 DAY OF RACE

REGISTER IN PERSON: NEW SMYRNA BEACH PARKS & RECREATION, 1000 LIVE OAK STREET, NSB / 424-2175

MAIL TO: PARKS & RECREATION, ATTN: ED ROOT RUN
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168

Pre-Registration ends Wednesday, November 28th at midnight.

RACE DAY REGISTRATION: 7:00 TO 7:30 A.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 8:00 A.M.
MAKE CHECKS PAYABLE TO CITY OF NEW SMYRNA BEACH

ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED TO RECEIVE A LONG SLEEVE T-SHIRT.

AWARDS: 10K & 5K RUNNERS MAY RECEIVE AWARDS IN THE FOLLOWING CATEGORIES: OVERALL, MASTERS, GRAND MASTERS AND THE TOP THREE FINISHERS IN 14 CATEGORIES FOR MALE AND 14 CATEGORIES FOR FEMALE.

SCORING: RFID CHIP TIMING WILL BE USED. RESULTS WILL BE AVAILABLE AT www.RaceSmith.com

GRAND PRIX: Ed Root Memorial Run is proud to be a charter member with the Daytona Area Grand Prix, www.daytonaareagrandprix.com
Both 10K and 5K will count towards points in the Grand Prix

FOR MORE INFO ON THE DAYTONA AREA GRAND PRIX: contact dbtc@daytonabeachtrackclub.org

**SPONSORED BY THE CITY OF NEW SMYRNA BEACH
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2013 ED ROOT 10K / 5K ENTRY FORM

NAME _____

GENDER: M _____ F _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

AGE (on Dec. 1, 2013) _____ BIRTHDATE (required) _____

SHIRT SIZE: ADULT SM ___ MED ___ L ___ XL ___ XXL ___ YOUTH LARGE ___ **CIRCLE ONE: 10K / 5K**

I WISH TO BE ALLOWED TO PARTICIPATE IN THE ED ROOT 10K / 5K RUN. I UNDERSTAND THAT THE CITY OF NEW SMYRNA BEACH DOES NOT CARRY MEDICAL INSURANCE COVERAGE AND WILL NOT BE LIABLE FOR ANY INJURY SUFFERED BY ME. I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE CITY, ITS AGENTS AND EMPLOYEES, FROM ANY LIABILITY FOR ITS/THEIR NEGLIGENCE OR NEGLIGENT ACTS OR OMISSIONS OF THE CITY OR ITS AGENTS OR EMPLOYEES IN CONNECTION WITH THE EVENT. IF I SHOULD SUFFER AN INJURY OR ILLNESS, I AUTHORIZE THE RACE OFFICIALS TO USE THEIR DISCRETION TO HAVE ME TRANSPORTED TO A MEDICAL FACILITY. I CERTIFY THAT I HAVE PROPERLY TRAINED FOR THIS EVENT.

DATE _____

SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18) _____

Both 10K and 5K will count towards points in the Grand Prix