



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

WHEN: SATURDAY, DECEMBER 6, 2014 @ 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: -10k - \$30 REGISTRATION / \$40 DAY OF RACE (NO REFUNDS WILL BE GIVEN) 5k - \$25 REGISTRATION / \$30 DAY OF RACE REGISTRATION (NO REFUNDS WILL BE GIVEN)

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, Decmeber 3rd at midnight. RACE DAY REGISTRATION: 6:45 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. 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 MCLEOD ORTHOPEDIC & HEARTLAND REHABILITATION & WELLNESS

2014 ED ROOT 10K / 5K ENTRY FORM

NAME						
GENDER: M	_F PHO	NE				_
ADDRESS			CITY			_
STATE	ZIP	E-MAIL	ADDRESS			_
AGE (on Dec. 6, 2014))	BIRT	HDATE <mark>(required</mark>	l)		
SHIRT SIZE:ADULT	SM MED	_LXL	XXL YOU	TH LARGE	CIRCLE ONE :	10K / 5K
I WISH TO BE ALLOWED SMYRNA BEACH DOES N SUFFERED BY ME. I FU FROM ANY LIABILITY FOR	NOT CARRY MEDIC	AL INSURANCE RELEASE AND	COVERAGE AN HOLD HARMLESS	D WILL NOT BE S THE CITY, ITS	LIABLE FOR AN AGENTS AND EMI	Y INJURY PLOYEES,

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