



33rd ANNUAL ED ROOT MEMORIAL Quarter Marathon & 5K RUN

*Quarter Marathon USATF Certification # FL16021TY
5K USATF Certification # FL16020TY*

WHEN: SATURDAY, DECEMBER 3, 2016 @ 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) AWARDS TO FOLLOW INSIDE THE CIVIC CENTER

ENTRY FEE: - QUARTER MARATHON - \$30 REGISTRATION BEFORE 11/11 / \$35 AFTER 11/11 & \$40 DAY OF RACE
5k - \$25 REGISTRATION BEFORE 11/11 / \$30 AFTER 11/11 & \$35 DAY OF RACE REGISTRATION
(NO REFUNDS FOR ANY REASON FOR EITHER RACE)

MAIL TO: LEISURE SERVICES, ATTN: ED ROOT RUN
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168 / 386-410-2890

Pre-Registration ends Wednesday, November 30th 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: BOTH RACES 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 Running Series.
Both races will count towards points in the Daytona Running Series

FOR MORE INFO ON THE DAYTONA RUNNING SERIES: CONTACT BOB HAMLIN @ Bob@DaytonaRunningSeries.com

SPONSORED BY THE CITY OF NEW SMYRNA BEACH

2016 ED ROOT ENTRY FORM

NAME _____

GENDER: M _____ F _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

AGE (on Dec. 3, 2016) _____ BIRTHDATE (required) _____

SHIRT SIZE: ADULT SM ___ MED ___ L ___ XL ___ XXL ___ YOUTH LARGE ___

CHECK ONE: **QUARTER MARATHON** _____ **5K** _____

I WISH TO BE ALLOWED TO PARTICIPATE IN THE ED ROOT 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. BY SIGNING THIS FORM, I GIVE THE CITY OF NEW SMYRNA BEACH PERMISSION TO PUBLISH OR USE VIDEO IMAGES, PHOTOGRAPHIC PORTRAITS OR PICTURES OF ME, ALONG WITH MY 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 OR ANY COMPENSATION IN CONNECTION WITH THE PUBLICATION.

DATE _____

SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18) _____

Both races count towards points in the Daytona Running Series