

2^d Annual Flip for Fun 5K & Kids Fun Run

Presented By:

Awaiting Sponsor

Benefiting the WGV Competitive Gymnastics Team

Saturday, January 6, 2018 - 2:30 PM

Golfway Center
421 Golfway Dr.
St. Augustine, FL 32095



SCHEDULE OF EVENTS

Pre-Race Packet Pick Up: Friday, January 5, 2018, 4-7 PM
at the WGV Gymnastics 314 Commerce Lake Dr. Suite 204

Race Day Registration: Saturday, January 6, 2018, 1:00 PM
at the event

Kids Run Race Start: Saturday, January 6, 2018, 2:30 PM

5k Race Start: Saturday, January 6, 2018, 3:30 PM

Register online at www.racesmith.com (form below only for registering by mail)

Kids Run - Entry Fee before 12/5 = \$12; After 12/5 = \$15; Race Day Entry Fee = \$17 (cash/check only)

5k

- Entry Fee before 12/5 = \$25; After 12/5 = \$30; Race Day Entry Fee = \$35 (cash/check only)

Or Make payment out to (WGVABC) and mail to:

WGVABC
314 Commerce Lake Dr. Suite 204
St. Augustine, FL 32095

Presented by:

Become a Sponsor - www.wgvabc.com

Sponsors:

FOR MORE INFORMATION

WGV Gymnastics Athletics Booster Club

Web: www.wgvabc.com

Phone: 904-940-1895

Email: wgvabc@gmail.com

AWARDS

Overall Male and Female finishers and the top three runners in the following age groups: 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, and 75 and older.

AMENITIES

t-shirt, drawstring bags filled with goodies, finisher's medal, and post-race refreshments. Availability and size of shirts only guaranteed to those who register by December 5th, 2017.

2018 Flip for Fun 5K & Kids Fun Run- Registration Form

Name: _____ Sex: **M** **F** Age on Race Day: _____ Date of Birth: _____
(circle one)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Tech Shirt - Unisex Size (circle one): **Youth** **Small** **Medium** **Large** **X-Large** **XX-Large**

WAIVER

I, the undersigned individual, desire to participate in the Flip for Fun 5K, on January 6th, 2018. I hereby agree to RELEASE and HOLD HARMLESS WGV Gymnastics and the Officers, Directors, Agents and Employees of WGV Gymnastics from and against any and all rights, actions, causes of actions, suits, losses, damages, judgments, claims, claims of liabilities, cost and expenses of any kind as well as attorney's fees and court costs at trial and on appeal, of whatsoever kind or nature, to which WGV Gymnastics may be subjected to as a result of any death, personal injury or damage to property arising in any manner from my direct or indirect participation in the Flip for Fun 5K.

RELEASE: I FURTHER AGREE THAT THIS HOLD HARMLESS AGREEMENT SHALL APPLY IN THE EVENT I AM DISABLED, INJURED, OR INCUR DISEASE OF A TEMPORARY OR PERMANENT NATURE WHILE PARTICIPATING IN, OR DIE AS A RESULT OF PARTICIPATING IN THIS ACTIVITY, REGARDLESS OF THE CAUSE. I HEREBY RELEASE THE WGV Gymnastics FROM ALL LIABILITY WHILE PARTICIPATING IN THIS ACTIVITY.

This agreement shall be binding upon my heirs, my personal representatives, assigns and me and shall be governed by the laws of the State of Florida. I have executed this Hold Harmless and Release with full knowledge of its terms and the consequences of my signing and executing the same. I do so freely and voluntarily without compulsion of any kind or nature.

I grant permission for this event's organizers to take pictures of me during this event and agree for this event to use any photos of me that may be taken during my participation. By providing my email address, I also grant permission to the race organizers to communicate with me via electronic mail. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race. I also understand that in the event that this race has to be cancelled or postponed, for any reason beyond the control of race management, my entry fee will not be refunded. By my signature, I attest that I am physically fit and well trained to participate in the Flip for Fun 5K, on January 6th, 2018.

Name: _____ Signature: _____ Date: _____
(Parent or guardian name and signature is required if participant is under 18 years of age)

Emergency Contact: _____ Emergency Phone: _____