

# Light the Night 5K Run/Walk



**WHEN:** SATURDAY, MARCH 12, 2016

**WHERE:** TRAIL HEAD @ 230 WEST PINE AVE  
( LOCATED BEHIND THE TURNBULL FIRE DEPARTMENT )

**ENTRY FEE:** - \$30 REGISTRATION / \$35 DAY OF RACE ( NO REFUNDS WILL BE GIVEN )

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

**MAIL TO:** NEW SMYRNA RECREATION & SPECIAL EVENTS ATTN: LIGHT THE NIGHT 5K RUN/WALK  
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168



**Pre –Registration ends Wednesday, March 9<sup>th</sup> at midnight.**

**RACE DAY REGISTRATION:** 4:30 TO 5:45 P.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 6:10 P.M.

**MAKE CHECKS PAYABLE TO CITY OF NEW SMYRNA BEACH**

**ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED TO RECEIVE A T-SHIRT**

**AWARDS:** RUNNERS MAY RECEIVE AWARDS IN THE FOLLOWING CATEGORIES: OVERALL, MASTERS, GRAND MASTERS AND THE TOP THREE FINISHERS IN 15 CATEGORIES FOR MALE AND 15 CATEGORIES FOR FEMALE.

**SCORING:** RFID CHIP TIMING WILL BE USED. RESULTS WILL BE AVAILABLE AT [www.RaceSmith.com](http://www.RaceSmith.com)

**PARTICIPANTS ARE ENCOURAGED TO WEAR GLOW-IN-THE-DARK CLOTHING TO THIS NIGHTTIME RACE.**

**SPONSORED BY THE CITY OF NEW SMYRNA BEACH**

## 2016 LIGHT THE NIGHT 5K ENTRY FORM

NAME \_\_\_\_\_

GENDER: M \_\_\_\_\_ F \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

AGE (on Jan. 24, 2015) \_\_\_\_\_ BIRTHDATE (required) \_\_\_\_\_

SHIRT SIZE: ADULT SM \_\_\_\_\_ MED \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ YOUTH L \_\_\_\_\_ YOUTH MED \_\_\_\_\_

I WISH TO BE ALLOWED TO PARTICIPATE IN THE LIGHT THE NIGHT 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) \_\_\_\_\_