

Light the Night 5K Run/Walk



WHEN: FRIDAY, MARCH 6, 2020

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 LEISURE SERVICES, 201 N. MYRTLE AVE., NSB / (386) 410-2890

MAIL TO: NEW SMYRNA LEISURE SERVICES ATTN: LIGHT THE NIGHT 5K RUN/WALK
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168

Pre-Registration ends Wednesday, March 4th at midnight.

RACE DAY REGISTRATION: 4:30 TO 5:45 P.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 6:15 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

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

SPONSORED BY THE CITY OF NEW SMYRNA BEACH

2020 LIGHT THE NIGHT 5K ENTRY FORM

NAME _____

GENDER: M _____ F _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

AGE (on March 6, 2020) _____ BIRTHDATE (required) _____

SHIRT SIZE: ADULT SM _____ MED _____ L _____ XL _____ XXL _____ YOUTH L _____ YOUTH MED _____

PLEASE READ AND SIGN BELOW: I WISH TO BE ALLOWED TO PARTICIPATE IN THE LIGHT THE NIGHT5KRUN. 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 FORITS/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.

PHOTO RELEASE: 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) _____