



2010 FSECC 5k

RUN/WALK Starts at 8:30 A.M., Thursday November 4th.

Race will begin and end @ 4075 Esplanade Way, Southwood Office Complex directly in front of Betty Easley Conference Center

Early Registration DEADLINE (MUST BE POSTMARKED BY) Mon, October 18th \$15.00 with t-shirt and \$10.00 without t-shirt

Late and Race Day Registration \$20.00 with t-shirt and \$10.00 without t-shirt *Race day registration t-shirt availability and size is not guaranteed and will be on a 1st come, 1st served basis and be held between 7:45 A.M. – 8:15 A.M. on November 4th

AWARDS: TOP 3 FEMALES AND MALES OVERALL: 1ST FEMALE AND MALE MASTERS (+40); AND GRAND MASTERS (+50): 1ST MOBILITY IMPAIRED: AGENCY AND RUNNER-UP AGENCY WITH THE MOST INDIVIDUAL PARTICIPANTS WILL RECEIVE VICTORY TROPHIES

NAME: _____ ADDRESS: _____

STATE AGENCY (CIRCLE ONE PLEASE) AHCA ATTG AUDG APD AWI DACS DBPR DCA DCF DEA DEM DEP DFS DHSMV
DJJ DOAH DOC DOE DOEA DOH DOR DOS DOT DMS DVA FDLE FSC FWC OIR OPPAGA PSC SBA OTHER _____

GENDER: (Please Circle) MALE FEMALE : MOBILITY IMPAIRED Official Event use only FSECC 5K RACE#- _____

AGE: _____ PHONE: _____ EMAIL: _____

T-SHIRT SIZE: (CIRCLE ONE PLEASE) * NO SHIRT* SMALL MEDIUM LARGE 1X-L 2X-L

*Please make checks payable to: FSECC and Mail Payment to: FSECC, c/o Tim Unger at 4122 Wiggington Road, Tallahassee, FL 32303.

** State Employee entries may be submitted along with payment to your Agency FSECC 5k coordinator by Oct 18.

For more information please contact Tim Unger at UNGERT@dor.state.fl.us 850-617-8832

Advance Race Package pick-up available in front of the Betty Easley Conference Center Wednesday Nov 3 @ 4:00 P.M.- 6:00 P.M.

Race Day Instructions: *Please plan on arriving at 4075 Esplanade Way @ 8:00 A.M. to pick up your race number and t-shirt.*

Please wear your race number on the front of your shirt for the event. Participants should be in front of The Betty Easley Conference

Center on Esplanade Way to receive event instructions at the start line @ 8:25 A.M. The event will begin rain or shine @ 8:30 A.M.

The bottom tear away portion of your race number will be taken once you have finished the event to give you an accurate time measurement for the 5k distance. (Be sure NOT to pin this tear away portion of your event number to your shirt!)

Event results and 5k course map available @ www.Gulfwinds.org

Beverages and snack foods will be available after you finish outside the north entrance to The Betty Easley Conference Center.

Door Prize drawings for Bagelheads, Publix, Shaw's Athletics, Sonny's, Southwood Golf Club, YMCA gift certificates and other GREAT giveaways will begin @ 9:25 A.M. (Must be present to win!!!)

Race awards will be distributed @ 9:30 A.M.

I understand that running/walking a road race is a potentially hazardous activity, and I should not enter and run unless I am medically able and have properly trained for this event. I understand and assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather including high heat and/or humidity, the conditions of the course, and the traffic on the course. I agree to abide by the decisions of the race officials as it pertains to my ability to safely complete this race. I agree not to wear headsets or run/walk with a dog, baby stroller/jogger during the race, as these activities potentially can lead to injuries to other runners/walkers, as well as myself.

I hereby release and discharge all event sponsors, the State of Florida, Southwood, and any other persons or organizations involved with this race from any and all damages or injuries incurred or arising out of participation in the above mentioned event. The undersigned grants full permission to the event organizers and/or agents authorized by them to use any photographs, video, motion picture or any other record of this event for any purpose and without compensation.

Signature: _____ Date: _____

Please sign page 2 (back side) release form for this event too.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I, _____, have elected to participate in an activity outside of the scope of normal business (PROGRAM) sponsored by the Department of _____ (Department). In consideration for my access and use of facilities occupied by the Department and under the management of the Department of Management Services (DMS) for the State of Florida, I hereby execute this Release fully releasing and discharging the State, including the Department and DMS, and its employees, Volunteers, and agents (herein-after collectively referred to as "State") on behalf of myself and my children, parents, assigns, heirs, personal representatives, and estate as follows:

1. I fully understand and appreciate the dangers, hazards, and risks inherent to physical activity, and that exercise may be a risk to physical health and safety. I further understand that it is the Department's recommendation that I consult a physician prior to using any equipment on the premises, engaging in any exercise programs or activity, or undertaking any food or diet program, whether or not such program is recommended by the Department. I understand that neither the Department nor the advice of any employee of the Department is a substitute for medical advice, and the Department does not in any way endorse or control the content or conduct of exercise instruction or instructors that may take place within the facility. I acknowledge that I have had the prior opportunity to, and have, consulted a physician before using this facility.

2. I expressly agree that participation in the Program is an acceptance and assumption of all risks associated with using this facility, including but not limited to damage, injury or loss of personal property and damage, injury or loss to my person. I acknowledge and affirm that my use of the facility is purely and completely voluntary and not within the scope of any employment with the State or any entity conducting business with the State, if any such employment exists while this Release is in effect. I elect to participate with full and complete knowledge and willingness to assume any and all attendant risks. I further agree to exercise reasonable care and conduct during my use of the facility, and agree not to wear or use or do anything that poses or may pose a hazard to myself, others present, or the facility itself.

3. I hereby voluntarily release, forever discharge, indemnify and hold harmless the State from any and all claims, demands, or causes of action, which are in anyway associated with my use of the State's equipment or facility, excepting such claims which allege damage, injury or loss to property or person that is directly due to the negligence of the Department.

4. I recognize and agree that my access and use of the facility for the prescribed purpose shall not create, or be construed to create, any special relationship between myself and the State or otherwise extend, elevate, or enlarge the State's obligations to me beyond the minimum legal duty required or applicable under Florida law.

5. Should the State, or anyone acting on its behalf, be required to incur attorney fees and costs to enforce this Release, I further agree to indemnify the State for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while using the facility, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with or adversely affect my use of this facility, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

7. I understand that if any provision of this Release is held to be invalid, such invalidity will not affect other provisions of the Release, which shall be given effect with or without the invalid provisions, and to this end the provisions of this Release are meant to be severable.

8. I represent that I am 18 years of age or older and legally capable of entering into and being fully bound by this Release.

By signing this document, I acknowledge that if anyone is hurt or property is lost or damaged during my use of the State's facility, I may be found by a court of law to have waived my right to maintain a lawsuit against the State on the basis of any claim from which I have released them herein.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Name of participant _____ Date of Birth ____/____/____

Phone (____) _____ - _____

Signature: _____ Date ____/____/____