

A RUN FOR SICKLE CELL

The 29th Annual Run/Walk for sickle cell anemia featuring the "Tim Simpkins One Mile Fun Run for All" is an official event during sickle cell month (September) sponsored by the Sickle Cell Foundation, Inc. with the special assistance of Gulf Winds Track Club.

WHO CAN ENTER?

Anyone adequately trained and in proper physical condition to run or walk 3.1 miles is welcome to participate in this event. (Signature of parent or guardian is required if participant is under 18 years of age.)

HOW TO ENTER?

Simply fill out and mail the enclosed entry form with a check for the appropriate entry fee made payable to: **Sickle Cell Foundation, Inc.**, 1336 Vickers Road, Tallahassee, FL 32303.

ENTRY FEE

| | | |
|-----------------------------------|---------|---------------------------------------------|
| Early Registration | \$12.00 | \$8.00 ¹ / ₂ T-SHIRT |
| Race Day Registration | \$15.00 | \$10.00 ¹ / ₂ T-SHIRT |
| One Mile Fun Run (All Ages) | \$10.00 | \$7.00 ¹ / ₂ T-SHIRT |

THE SCHEDULE

The 29th Annual Run/Walk for sickle cell will be held on Saturday morning, **September 11, 2010** (rain or shine). The following events are scheduled:

| | |
|---------------------------------------------|-----------|
| RACE DAY REGISTRATION | 7:00 A.M. |
| WELCOME AND BRIEFING | 8:00 A.M. |
| TIM SIMPKINS ONE MILE FUN RUN FOR ALL | 8:10 A.M. |
| 5K RUN/WALK..... | 8:30 A.M. |

T-SHIRTS

T-shirts will be available for race participants. Be sure that you register early and state your T-shirt size in the place provided on the entry form. This will assure that all participants receive a T-shirt.

AWARDS

Awards will be given to the top three male/female overall, first place (only) male/female master, and first and second in the following age groups:

| | | | |
|-------------|-----------|-----------|---------|
| A - 0 - 12 | E - 30-34 | I - 50-54 | M - 70+ |
| B - 13 - 19 | F - 35-39 | J - 55-59 | |
| C - 20 - 24 | G - 40-44 | K - 60-64 | |
| D - 25 - 29 | H - 45-49 | L - 65-69 | |

COURSE INFORMATION

The TAC certified course (#FL87029BH) is a fast and mostly flat loop - a good P.R. course (see map). Splits will be given at each mile mark. Thirst aid is available at the start, mid-course, and finish of the race.

START & FINISH LINE

The race will start and finish at the Jake Gaither Recreation Center and Golf Course located on Tanner Drive (see map).



Local support for the 29th Annual Run/Walk for Sickle Cell is provided by: Gulf Winds Track Club, Delta Sigma Theta Sorority, Sigma Gamma Rho, Alpha Kappa Alpha Sorority, Inc., FAMU Athletic Department, Jake Gaither Recreation Center and Golf Course, National Hook-up of Black Women, NuDay Graphics, Pyramid Construction & Design, FAMU Police Department, Tallahassee Police Department, Representative Curtis Richardson, WCTV and area radio and television stations.

For additional information call: (850) 222-2355 or log on to: www.sicklecellfoundation.org

29TH ANNUAL 5K RUN/WALK FOR SICKLE CELL & TIM SIMPKINS ONE MILE FUN RUN

OFFICIAL ENTRY FORM

I will be RUNNING WALKING

Name: _____ Age: _____ Sex: M F

Address: _____

City/State/Zip: _____

T-SHIRT SIZE (check only one per entry blank please)

Small Medium XXL
 Large Extra Large

| | | |
|-----------------------------------|---------|---------------------------------------------|
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MAKE YOUR CHECK PAYABLE TO: Sickle Cell Foundation, Inc., 1336 Vickers Road, Tallahassee, Florida 32303

Release of Liability: In consideration of acceptance of this entry, I freely and voluntarily waive any and all claims for myself, heirs and assigns, and will discharge or indemnify, defend and save harmless the releasees, which include the Sickle Cell Foundation, Inc. City of Tallahassee - Parks and Recreation Department, officials, sponsors and other participants from every claim, right, action to sue, lien, known or unknown to either party or any kind of which may be asserted by reason or arising out of my participation in the 5K Run/Walk. I further state that I am in proper physical condition to participate in this event.

Signature (parent or guardian if under 18 years of age) _____ Date _____