



2012  
RACE FOR HUNGER

All Proceeds will benefit  
KUMC Mission Outreach Programs  
"...let us run with perseverance the race  
marked out for us." Hebrews 12:1

A Gulf Winds **GRAND PRIX** Event

**March 10, 2012**  
**5K - 8:30am**

(5K is Grand Prix for age 15 and over)

**1 Mile Fun Run/Walk – 8:00am**  
(Grand Prix for 14 and under)

Races start and finish at  
**Killearn United Methodist Church (KUMC)**  
**2800 Shamrock South**  
(at the Killarney Way traffic circle)

**RACE SPONSORS**



T-FORMATION  
SCREEN PRINTED AND EMBROIDERED APPAREL



Tallahassee Podiatry Associates, P.A.



Tallahassee  
Orthopedic Clinic  
Floyd J. Guggans, M.D.

Mayfield Painting Services, Inc.

**ENTRY INFORMATION: \*Registration includes post race Pancake Breakfast (\$5 for those not registered)**

<u>Pre-Register on or before March 9</u>	<u>Day of Race Registration</u>
5K includes T-shirt \$ 15	5K includes T-shirt \$ 20
5K no t-shirt option \$ 12	5K no T-shirt option \$ 15
1 Mile Fun Run/Walk w/T-shirt \$ 10	1 Mile Fun Run/Walk w/T-shirt \$ 13
1 Mile Fun Run/Walk no shirt \$ 8	1 Mile Fun Run/Walk no shirt \$ 8
(T-shirt guaranteed to the first 600 pre-registered)	<u>Race Day Registration 7:00 am KUMC</u>
Make checks <b>payable to KUMC</b> and mail (or hand deliver to church office) with registration form/waiver to: <b>KUMC/ Shamrock Scurry</b> <b>2800 Shamrock South</b> <b>Tallahassee, FL 32309</b> Must be postmarked by March 2	<b>EARLY PACKET PICKUP: - KUMC Courtyard</b> March 8 <sup>th</sup> 4:00pm-7:00pm March 9 <sup>th</sup> 11:00am-2:00pm Early Registration and packet pickup is strongly encouraged to help avoid delays and to insure you get your shirt!

**AWARDS:** Awards for the 5K given to the top male and female overall finishers and the top 3 males and females in 5-year age groups.  
Awards for the 1 Mile Fun Run given to the top 3 male and female finishers .

For more information or to register online go to [www.shamrockscurry.com](http://www.shamrockscurry.com) or call Connie Clarke 850-933-2429.

Complete and detach entry form below. All forms **MUST** be accompanied by payment.

5K Race \_\_\_\_\_ 1 Mile Run/Walk \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ T-shirt Size (circle): YM – YL – S – M – L – XL – XXL – NO SHIRT

How did you hear about the race? KUMC \_\_\_\_\_ Gulfwinds \_\_\_\_\_ Print Ad \_\_\_\_\_ Other \_\_\_\_\_ (please specify)

**WAIVER:** In consideration of your acceptance of my entry as a participant in the 2012 Shamrock Scurry, I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release all claims for damages, death, personal injury, or loss of property against KUMC, Gulf Winds Track Club and all volunteers and others promoting or assisting in any way the Shamrock Scurry, which may result from my participation on March 10, 2012, or while traveling to and from this event. My participation is voluntary and done at my own risk. I understand that running a road race is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I attest that I am physically fit and trained for the competition of this event. I fully understand I am forever giving up in advance any right to sue or make claims against the parties. I am releasing if I suffer injuries and damages, and am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident of other incapacity or injury resulting from my participation. I agree not to wear headsets, run with dogs, baby joggers or strollers during the race. I have read and understand everything written above and I voluntarily sign this agreement. In addition, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature of Entrant (Parent or Legal Guardian if under 18 years old) \_\_\_\_\_ DATE: \_\_\_\_\_

Amt. Paid \_\_\_\_\_ Ck # \_\_\_\_\_