

FAMILY FUN GLOW RUN 5K

1st Annual

\$20-Pre-Registered Adult
\$15 – Pre-Registered Youth
\$25 Race Day – All Ages
(CASH) on Race Day

When Saturday, September 12, 2015 @ 7:30 PM

Where @ Ida Baker HS, 3500 Agualinda Blvd, Cape Coral

Awards will be given to the top male and female runners in the following categories: Overall, Masters, Grand Masters, and Senior Grand Masters. The top 3 male and female runners in the following age brackets: 9 and Under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and Older.

The Course will begin and end at Ida Baker HS and will be run on neighboring roads.

Packet Pickup will take place from 6:00-7:00 PM on race day at Ida Baker HS.



RACE APPLICATION



Register online at www.active.com or complete the form below

Racer Information (one form for each runner)

Last Name First Name Male Female

Mailing Address

City ST Zip Code

MM / DD / YYYY () -

Age Telephone

Email T-Shirt Size: S M L XL None

The Run Shoppe
1407 Cape Coral Pkwy. E.,
Cape Coral, FL 33904
Phone (239) 540-9529

READY. SET.
GLOW

OFFICIAL RACE DAY USE ONLY

ASSIGNED BIB #: _____

PAYMENT

Pay online at
www.active.com or

Make checks payable to:
Ida Baker HS

Mail to: 3D Racing
c/o The Run Shoppe
1407 Cape Coral Pkwy. E.
Cape Coral, FL 33904

RELEASE IS MANDATORY – INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in a 3D Racing event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videos, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing that I am entering this event at my own risk.

Signature of Runner Signature of Parent (if runner under age of 18)