



LEON HIGH SCHOOL

VOLLEYBALL



4th Annual

5K @ FIFTH

All proceeds will benefit Leon High Volleyball and Tallahassee Memorial Cancer Center.

Date: June 11th 2016

Time: Registration starts at 6:30 am (Paisley Café Parking Lot)

Race starts at 8:00 am

Location: Start at 1123 Thomasville Rd in the parking lot of Paisley Café.

Race ends at 1122 Thomasville Rd at Fifth and Thomas.

Entry Information:

Early Registration on or before June 10th

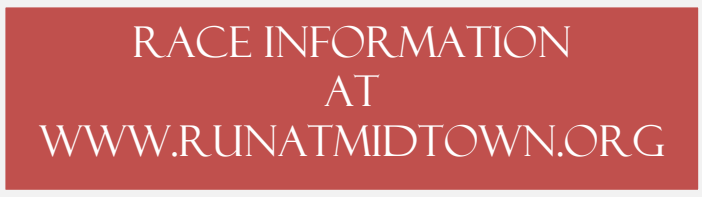
\$17.00, includes t-shirt

\$12.00, no shirt option

Day of Race Registration

\$20.00, includes t-shirt

\$15.00, no shirt option



Make checks payable to Leon Volleyball Boosters and mail to 1111 Sandhurst Dr. Tallahassee, FL 32312

Registration also available at Finnegan's Wake and Capital City Runners

Race Packet Pickup:

Friday June 10th 5-7 pm in the breezeway at Manor@Midtown 1122 Thomasville Road

Saturday, June 11th starts at 6:30am (Paisley Café Parking Lot)

For more information email Shannon Moore at lee_shannon@rocketmail.com

Registration forms at www.runatmidtown.org

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Age: _____ DOB: _____ Sex: _____

Email: _____

T Shirt Size (circle one) S M L XL No Shirt: _____

Total Amount Enclosed: _____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able, physically fit and properly trained. I assume any and 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, and traffic and the conditions of the roads, all such risks being known and acknowledged by me. I agree to abide by all the decisions of the race officials relative to my ability to safely complete the run. I agree not to wear headsets or run with dogs during the race. Knowing these facts and consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all Leon Volleyball officials, volunteers, and all sponsors including their agents, employees, assigns, or anyone acting on their behalf from any and all claims or liability for death, personal injury, or negligence or carelessness on the part of the persons named in this waiver. The Release and Waiver extends to all claims of every kind and nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned grants full permission for Leon Volleyball and/or agents authorized by them to use any photograph, videotapes, motion picture, or any other record of this event for any legitimate purpose.

Signature of Entrant (Parent of Legal Guardian if under 18 years old)

Date: _____