

# capital city youth services CELTIC 5K RUN

RACING TO HELP YOUTH AND FAMILIES IN CRISIS IN THE BIG BEND

MARCH 16, 2013

SHOTGUN START AT 10:30 A.M.

REGISTRATION BEGINS 9:30 A.M. AT ADAMS ST. & COLLEGE

**Register online via CCYS Facebook or mail to: 2407 Roberts Avenue, Tallahassee, FL 32310**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex (circle): M F Age on Race Day \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Keep me up-to-date about CCYS \_\_\_ Yes \_\_\_ No

Shirt (circle): YS YM YL S M L XL XXL None

*(T-shirt guaranteed if registration received by March 8, 2013; some shirts may be available on race-day registration)*

Race Amount Owed (make checks payable to CCYS): *(circle one)*

With T-shirt \$15

No T-shirt \$10

WAIVER: 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, run with dogs, baby joggers or strollers during the race. Knowing these facts and in 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 Capital City Youth Services (CCYS) staff, officers, directors, members and representatives, 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 to Capital City Youth Services (CCYS) 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: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if under the age of 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Questions: Call Brittany at 850-576-6000 ext. 321 or email at [brittany.melin@ccys.org](mailto:brittany.melin@ccys.org)**

**ST. PATRICK'S DAY DOWNTOWN FESTIVAL WILL BEGIN AT 12:00 P.M.**



may the road rise up to meet you.  
may the wind be always at your back.  
may the sun shine warm upon your face...