

Sunday, October 29, 2017 – 7:00 a.m. MAIL TO WEST VOLUSIA RUNNERS

P.O. BOX 390254, DELTONA, FL 32739 CHECKS PAYABLE TO WVR

MAILED ENTRIES MUST BE POSTMARKED BY 10/20/17 OR REGISTER ONLINE AT www.LighthouseLoop.com

5k \$35

Half \$90

PLEASE PRINT LE	GIBLY				
NAME			<u>-</u>		
ADDRESS		TEL			
CITY			STATE	ZIP	
HALFMARATHON	5K	If you ar	e running "Virtual"	please indicate here:	:
SEXAGE	_BIRTHDATE (mm/dd/yyyy Entry fees are nonrefundable. C)// redit cards accepted du	ENCLOSED \$	S nly. Cash or Check only	accepted on race day.
	Free gender specific tech shirt to $S(__)$ $M(__)$ $L(__)$) 2X ()
EMAIL ADDRESS					
risks associated with runnic conditions, and waive any a risks are known and undermaterial condition to my be Medical Doctor has verified my consent to the Event Dithat I will be fully responsil medications, treatment and acknowledge (or a parent o to all the foregoing to use melectronic recording of this	a potentially hazardous activity. Ing in this event including, but not and all claims which I might have stood by me. I agree to abide by a sing permitted to enter this race the Imp physical condition. In the event of the secure from any accredite for payment of any and all me hospitalization. I understand and radult guardian for all children they name, voice and images of mystevent for legitimate purposes. I go to sponsors and supporting organical control of the secure of	limited to: falls, contact values of any of those and ill decisions of any race of nat I am physically fit and ent of an illness, injury or ted hospital, clinic and/ordical services and treatmal agree that registration funder 18 years) having retelf in any photographs, marant permission to use mare those of the services and treatmal agree that registration funder 18 years) having retelf in any photographs, marant permission to use mare of the services of the	with other participants, the other risks typical found ficial relative to my abilit a sufficiently trained for the medical emergency arisic physician any treatment entered to me includes are not refundable found and agreed to the about of	ne effects of weather, traid in running a road race. y to safely complete the in the completion of this even in g during the event I her deemed necessary for many the sut not limited to many reason. By submit we release and waiver. Furthelications or any other part in the about race updates,	ffic, and course I acknowledge all such run. I certify as a ent and that a licensed reby authorize and give ny immediate care. I ag edical transport, ting this entry, I urther, I grant permissi print, videographic or , future events and to
Signature				Date	
RACE ENTRY FEES Through December 31: Half \$50 5k \$2	Parent if race participant is under the LOCATION	e age of 18			
January 1 – April 30: Half \$60 5k \$2	Ponce Inlet / So	uth Daytona Check <u>v</u>	ww.LightHouseLoop.c	om for more	
May 1 – July 31: Half \$70 5k \$2	Half Marathon:	FINISHER'S MEDA Age Groups 17 & unde	_		male 60-64,
August 1 – October 1: Half \$80 5k \$2	5k : Top 3 in Age	Groups 9 & under; 10-	14, 15-19, 20-24, 25-29	, 30-34, 35-39, 40-44, 4	45-49, 50-54, 55-59,
October 2 – October 25 Half \$85 5k \$3	<u>BENEFICIARI</u>	<u>7</u> 4 years, we have raised	over \$100,000 for the t	ren (10) Volusia County	v high school athletic
Packet Pickup or Race		lantic Del and Deltona		•	

Creek, Taylor and University High Schools will all share the profits equally!