

# Light the Night 5K Run/Walk



**WHEN:** SATURDAY, MARCH 11, 2017

**WHERE:** TRAIL HEAD @ 230 WEST PINE AVE  
(LOCATED BEHIND THE TURNBULL FIRE DEPARTMENT)



**ENTRY FEE:** - \$30 REGISTRATION / \$35 DAY OF RACE (NO REFUNDS WILL BE GIVEN)

**REGISTER IN PERSON:** NEW SMYRNA BEACH LEISURE SERVICES, 201 N. MYRTLE AVE., NSB / (386) 410-2890

**MAIL TO:** NEW SMYRNA LEISURE SERVICES ATTN: LIGHT THE NIGHT 5K RUN/WALK  
210 SAMS AVE, NEW SMYRNA BEACH, FLORIDA 32168

**Pre-Registration ends Thursday, March 9<sup>th</sup> at midnight.**

**RACE DAY REGISTRATION:** 4:30 TO 5:45 P.M. AT THE RACE SITE – RACE STARTS PROMPTLY AT 6:20 P.M.  
**MAKE CHECKS PAYABLE TO CITY OF NEW SMYRNA BEACH**

**ONLY PRE-REGISTERED RUNNERS ARE GUARANTEED TO RECEIVE A T-SHIRT**

**AWARDS:** RUNNERS MAY RECEIVE AWARDS IN THE FOLLOWING CATEGORIES: OVERALL, MASTERS, GRAND MASTERS AND THE TOP THREE FINISHERS IN 15 CATEGORIES FOR MALE AND 15 CATEGORIES FOR FEMALE.

**SCORING:** RFID CHIP TIMING WILL BE USED. RESULTS WILL BE AVAILABLE AT [www.RaceSmith.com](http://www.RaceSmith.com)

**PARTICIPANTS ARE ENCOURAGED TO WEAR GLOW-IN-THE-DARK CLOTHING TO THIS NIGHTTIME RACE.**

**SPONSORED BY THE CITY OF NEW SMYRNA BEACH**

**2017 LIGHT THE NIGHT 5K ENTRY FORM**

NAME \_\_\_\_\_

GENDER: M \_\_\_\_\_ F \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

AGE (on March 11, 2017) \_\_\_\_\_ BIRTHDATE (required) \_\_\_\_\_

SHIRT SIZE: ADULT SM \_\_\_\_\_ MED \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ YOUTH L \_\_\_\_\_ YOUTH MED \_\_\_\_\_

**PLEASE READ AND SIGN BELOW:** I WISH TO BE ALLOWED TO PARTICIPATE IN THE LIGHT THE NIGHT 5K RUN. I UNDERSTAND THAT THE CITY OF NEW SMYRNA BEACH DOES NOT CARRY MEDICAL INSURANCE COVERAGE AND WILL NOT BE LIABLE FOR ANY INJURY SUFFERED BY ME. I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE CITY, ITS AGENTS AND EMPLOYEES, FROM ANY LIABILITY FOR ITS/THEIR NEGLIGENCE OR NEGLIGENT ACTS OR OMISSIONS OF THE CITY OR ITS AGENTS OR EMPLOYEES IN CONNECTION WITH THE EVENT. IF I SHOULD SUFFER AN INJURY OR ILLNESS, I AUTHORIZE THE RACE OFFICIALS TO USE THEIR DISCRETION TO HAVE ME TRANSPORTED TO A MEDICAL FACILITY. I CERTIFY THAT I HAVE PROPERLY TRAINED FOR THIS EVENT.

**PHOTO RELEASE:** by signing this form, I give the City of New Smyrna Beach permission to publish or use video images, photographic portraits or pictures of me, along with my name, for art, advertising, trade, public information or any other lawful purpose. I waive inspecting and/or approving the finished product or the copy that is used or any compensation in connection with the publication.

DATE \_\_\_\_\_

SIGNATURE (PARENT OR LEGAL GUARDIAN IF UNDER 18) \_\_\_\_\_