

# 2013 PUBLIX SUPER MARKETS GASPARILLA DISTANCE CLASSIC RACE WEEKEND ENTRY FORM

Email \_\_\_\_\_  
(email address required for registration confirmation)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Projected Finish Time: \_\_\_\_\_  5K Walker

M  F Actual age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-shirt size  S  M  L  XL  XXL  XXXL

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**FOR REGISTRATION CONFIRMATION, AN EMAIL ADDRESS MUST BE PROVIDED**

Signed photocopies accepted! Incomplete or unsigned forms will not be accepted. In consideration of my entry being accepted in the Gasparilla Distance Classic 15K, 5K, Half Marathon or 5+3K, I, intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release and forever discharge any and all rights and claims for damages that I may have or which may hereafter accrue to me against the Gasparilla Distance Classic Association Inc., Publix Super Markets, Sports Authority, Nike, the City of Tampa, Hillsborough County or any subsidiary or political subdivision thereof, its or their respective officials, agents, representatives, successors, assigns and sponsors for any and all damages that may be sustained and suffered by me in connection with my association with or entry or participation in the Gasparilla Distance Classic events. I understand that a physical examination is not required to qualify to run this event and that all competitors participate at their own risk. (If in doubt as to your physical condition to engage in an event as strenuous as these races, it is strongly recommended that you seek the advice of a competent physician.) I also understand that in the event these races cannot be held as scheduled because of an act of God or circumstances beyond control. The race is not liable to refund any money paid by me to participate. I release the rights to any and all photographic material, including film, and computer information the GDCA may wish to release for this event without obligation to me. All persons under 18 years of age must have written consent of parent or legal guardian to compete in the abovementioned events. I, the undersigned parent or guardian, hereby consent to the applicant's participation and waive and release all rights and claims for damages as is more fully set forth above. I agree to drug testing in accordance with The USA Track and Field and IAAF Rule 144 if I place in the Top 25 overall men and women. I also hereby consent to permit emergency treatment in the event of injury or illness. We reserve the right to reject entry.

Signature \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Parent/ Guardian (if under 18) \_\_\_\_\_ Contact Phone \_\_\_\_\_

**RACE FEES**

POSTMARKED BY 1/11/2013

15K \_\_\_\_\_  \$35

5K Run \_\_\_\_\_  \$25

5K Walk \_\_\_\_\_  \$25

5K Stroller Roll (Includes 1 Child 4 years old & under) \_\_\_\_\_  \$30

Gasparilla Half-Marathon \_\_\_\_\_  \$75

Gasparilla 5+3K (8K) \_\_\_\_\_  \$30

USAA Military Division (check your branch)

Army  Navy  Marines  Air Force  Coast Guard  National Guard

Michelob Ultra Challenge \_\_\_\_\_  \$185  
(Run the 15K, 5K, Half-Marathon AND 5+3K)

Beck's Light Challenge \_\_\_\_\_  \$160  
(Run the 15K, 5K, AND Half-Marathon)

Mini Challenge \_\_\_\_\_  \$85  
(Run the 15K AND 5+3K)

**TOTAL AMOUNT DUE:**

\$ \_\_\_\_\_

Make checks payable in U.S. funds to: GDCA and mail to:  
GDCA, P.O. Box 1881, Tampa, FL 33601-1881

**FOR MORE INFORMATION OR TO REGISTER ONLINE,  
VISIT [WWW.TAMPABAYRUN.COM](http://WWW.TAMPABAYRUN.COM) OR CALL (813)254-7866**

ALL ENTRY FEES ARE NON-REFUNDABLE AND NON TRANSFERABLE.

**PLEASE PRINT LEGIBLY**