

2017 Publix Gasparilla Distance Classic Race Weekend 2/25-26/2017

Email _____
(email address required for registration confirmation)

Last Name _____

First Name _____

Address/Apt. # _____

City _____ State _____ ZIP _____

Country _____ Projected Finish Time: 15K _____ 5K _____ Half Marathon _____ 8K _____

M F Age on Race Day _____ Date of Birth _____ T-shirt Size XS S M L
 XL XXL XXXL
Gender Specific

Work Phone _____ Home Phone _____

FOR REGISTRATION CONFIRMATION, AN EMAIL ADDRESS MUST BE PROVIDED

In consideration of my entry being accepted in the Publix Gasparilla Distance Classic 15K, 5K, Half Marathon, 8K, Michelob Ultra Challenge, Michelob Ultra Amber Challenge, or Michelob Ultra Lime Cactus Challenge, 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, 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. Gasparilla Distance Classic reserves the right to reject entry.

Signature _____ Parent Guardian (if under 18) _____

Emergency Contact _____ Contact Phone _____

RACE FEES

POSTMARKED BY 1/13/2017

15K _____ \$45

5K Run (5 years & older) _____ \$35

5K Walk (5 years & older) _____ \$35

5K Stroller Roll (5 years & older) _____ \$35

5K Stroller Roll (children 4 years & under) _____ \$5ea

Child Name/Age _____

Child Name/Age _____

Child Name/Age _____

Gasparilla Half Marathon _____ \$95

Are you taking the 2017 Treasured Chest Challenge? Yes

Gasparilla 8K _____ \$40

USAA Military Division (check your branch)

Army Navy Marines Air Force Coast Guard National Guard

Make checks payable in U.S. funds to: GDCA

Mail to: GDCA, P.O. Box 1881, Tampa, FL 33601-1881

DON'T FORGET:

- Email
- Projected Finish Time
- Age on Race Day
- Shirt Size
- Signature
- Emergency Contact

FOR MORE INFORMATION OR TO REGISTER ONLINE,
VISIT WWW.TAMPABAYRUN.COM OR CALL (813) 254-7866

PLEASE NOTE: If you intend to run more than one distance, you must register and complete an Entry Form for each.

ALL ENTRY FEES ARE NON-REFUNDABLE AND NON TRANSFERABLE.

PLEASE PRINT LEGIBLY