



Saturday October 16, 2010
6:30 am
Riverside Park, Vero Beach

Proceeds benefit
IRC Healthy Start Coalition

*Because Every Baby Deserves a
Healthy Start!*



Beachside Course ~ Entertainment ~ Medals to all Finishers

REGISTRATION INFORMATION

The Beachside 1/2 Marathon for a Healthy Start is open to all runners. All entry fees are non-transferable and non-refundable. Your 1/2 Marathon entry fee will include a technical t-shirt, pancake breakfast and a goodie bag guaranteed for first 300 registered.

Entry Fee:

1/2 Marathon

- Until September 1st \$55 for individuals
- Until September 1st \$50 each for groups of 5+
- Sept. 2nd to Oct. 3rd \$70 for individuals & groups
- Oct. 4th - Race Day \$80 for individuals & groups

Make your check payable to IRC Healthy Start Coalition and mail to (mail deadline is Oct. 8th):

IRC Healthy Start Coalition
1615 10th Avenue
Vero Beach, FL 32960
www.beachsidehalfmarathon.com

1/2 Marathon Awards: All runners will receive a Finisher's Medal when their timing chip is returned. Prizes for top runners.

Results: Results from the 1/2 Marathon will be posted at the run and at www.beachsidehalfmarathon.com shortly thereafter.

Can't run? Help us by volunteering! Visit the website for details.

Course: Begins and ends at Riverside Park, Vero Beach. Turns and intersections will be monitored. Water stations will be located every two miles in the 1/2 Marathon. A gel station will be located at the 6 mile mark. There is a 4 hour course limit. Please for safety reasons no dogs, headsets, strollers or rollerblades. Be alert to possible road hazards along the course.

Directions to Race Site: Riverside Park is located at 3001 Riverside Park Drive - Vero Beach, FL 32963. From I-95 (Exit 147) and US 1, take State Road 60 east to beachside, cross Merrill Barber bridge, turn right at first traffic light into park.

Packet Pickup: Oct. 14th and 15th from 10am - 5pm
Runner's Depot
436 21st Street
Vero Beach, FL 32960



Packets may also be picked up at 5:30am on race day at Riverside Park.

Reminders: All runners must sign a waiver release form (located on the back of this form) to be entered into the 1/2 Marathon. Parent's signature is required for those under 18 years old.

Entry Form

Please Print Legibly: make checks payable to *IRC Healthy Start Coalition*. Donations are gladly accepted. Note: Email address required to confirm receipt of application and entry fee.

Name _____ Sex _____ Race Day Age _____ T shirt size: S M L XL
Street Address _____ City & State _____ Zip Code _____
E-mail _____ Phone # _____

Entry Amount \$ _____ + Donation Amount \$ _____ = **TOTAL INCLUDED \$** _____ Please mark: _____cash _____check

Groups - forms are due by September 1st. The group leader must provide an entry form including signed waiver for each group member. An email confirmation will be sent to the leader to confirm the group's entry forms and waivers have been received.

Group Name: _____

REMEMBER TO SIGN THE WAIVER ON THE BACK OF THIS FORM! FOR QUESTIONS: CALL 772-563-9118

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." Registration # CH5628.

Waiver Release Form - Must be Signed

STANDARD ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL) BEFORE SIGNING, ALL ATHELETES MUST READ AND SIGN

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I understand and agree to the Entry Forms and Terms and Conditions published by the Healthy Start 1/2 Marathon, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Healthy Start 1/2 Marathon, I, for myself, my heirs and assigns do hereby release the Healthy Start Coalition, the City of Vero Beach, all sponsors, volunteers, 1/2 Marathon staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the 1/2 Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all 1/2 Marathon events. I will not enter and run unless I am medically able and properly trained to do so. I understand that the course is open to participants for 4 hours.

Signature

Print Name

Date

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AND COMPLETE THE FOLLOWING SECTION

The Undersigned (parent/guardian) _____, of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the term of the foregoing AWRL. I represent that I have the capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL, for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act on behalf of the minor in execution of the foregoing AWRL, or in execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by Healthy Start Coalition. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course at attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume such risk for and on behalf of myself and said minor.

I acknowledge that no warranty is being made as to the results of any medical treatment.

Signature of Parent/Guardian

Note: Parent/Guardian must also sign the AWRL above.

Printed Name of Parent/Guardian

Relationship to Minor

Date