

# Join the Fun! Wear Your Green!

## VENICE YMCA ST. PATTY'S DAY 8K!

**FULL CONTINENTAL  
BREAKFAST,  
GREAT VIEWS,  
DOOR PRIZES,  
LOOP COURSE  
&  
T-SHIRTS**



**AWARDS 6 DEEP IN 5  
YEAR AGE DIVISIONS,  
OVERALL MALE/FEMALE,  
MASTERS, GRAND MAS-  
TERS, SENIOR GRAND  
MASTERS**

MARCH 20, 2010, 8:00 AM,

\$15.00 PRE-REG BEFORE MARCH 1 \$20.00 FROM MARCH 2-MARCH 18 \$25 DAY OF RACE

**STARTS & ENDS AT SHARKY'S!**

REGISTER AT THE VENICE YMCA OR ACTIVE.COM

701 CENTER RD

941-492-9622



<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		First Name		M	F	Age		DOB xx/xx/xxxx	
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
Address			City	State	Zip Code				
<input type="text"/>		Shirt Size	<input type="text"/>	<input type="text"/>					
Telephone/ with area code		S-XL	E-mail address						

*In consideration being accepted, I intend to be legally bound and do hereby irrevocably bind, authorize and administer release and release all rights and claims to damages which I may have or which may be made against me against the South County Family YMCA, Inc., WALK, The City of Venice & Sarasota County, their directors, officers, agents, members, volunteers, insurance, assigns and all the persons and agencies serving and all damages or injuries which may be incurred or suffered by me in any activities with my association with my participation in an event of the Y. I also agree to with the administrative personnel and entities with me in any other person from my activity, including the negligence or fault person and entities. I certify that I have represented by my application have that my physical condition is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, signs and the risk of the event involved. If I should suffer injury or illness, I authorize any official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby agree that in the event of a non-compliance to a storm, wind, lightning, weather or other "Act of God", my registration fee shall not be refunded. I hereby give full permission to any and all of the foregoing to use any photographic, motion picture, videotapes, recordings every other moral of this event for any purpose including commercial use.*

<input type="text"/>		<input type="text"/>	<input type="text"/>
Signature of participant/guardian for underage Y		DATE	Total Amount Enclosed
<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="text"/>	No Refunds
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="text"/> / <input type="text"/> Exp. Date	

Make Checks Payable to and Mail To: South County Family YMCA/St.Patty's Day 8K / 701 Center Rd / Venice / FL / 34285  
Or Fax to: 941-493-9659