



**"MAKING A DIFFERENCE
IN OTHER'S LIVES"
RUNNING FOR
SAMARITAN'S TOUCH CARE CENTER**



**JULY 27, 2019 7:00 AM. (START)
REGISTRATION CLOSES 6:30AM
FIRST PRESBYTERIAN CHURCH
118 N OAK AVE., LAKE PLACID
MORE INFO. 863-465-2742
www.fpclp.com**



**NEW RACE
TIME!
7:00 AM**

THANKS TO OUR PREVIOUS GOLD SPONSORS :

LEISURE LAKES
BAPTIST CHURCH

The McDonald Girls

Memorial United
Methodist Church

ROCKING GRANCH

PREMIER
LOGISTICS

FIRST
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HOWARD

Wells Motor Company

WEDGORTH'S
Big W Brand Fertilizers Since 1932

T-SHIRTS
2019 Dri-fit race
t-shirts to the first
100 paid entries.

Trophies will be awarded for: Overall, Masters & Grandmasters

Entry Fees
\$20.00 thru Friday 7/19/19 -- \$30.00 Thereafter
Registration closes promptly at 7am race day.

AGE GROUPS		
9 & under	35-39	65-69
10-14	40-44	70-74
15-19	45-49	75-79
20-24	50-54	80-84
25-29	55-59	85 +

RETURN BOTTOM

RETURN BOTTOM

PRINT. Name: _____ **EMERGENCY CONTACT #** _____

Last: _____ **First:** _____ **Sex** M F

Address: _____ **Phone:** _____ **Age:** _____

City: _____ **State:** _____ **Zip:** _____

(Circle One)
Shirt Size **Adult** S M L XL XXL **Email** _____

(filled per request as long size is available)

Entry Fee \$ _____
Donation \$ _____
Total \$ _____

Incomplete or unsigned entry forms will not be accepted. Return bottom of this form along with check or money order made out to:

Lake Placid Christian Ministerial Association **Mail to:** Ray Cameron P. O. Box 326, Lake Placid, FL 33862 or **E-mail** info@fpclp.com

In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs and executors waive all rights and claims for damages which may hereafter accrue to me against Town of Lake Placid, Caladium Festival Organizers, Lake Placid Christian Ministerial Association, Lake Placid Chamber of Commerce, or agents from all liabilities of my participation in this event even though that liability may arise out of the negligence on the part of any person named in this waiver. If I should suffer any injury or illness I authorize the officials of the race to have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit to participate in this event. **I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.**

Participant's Signature _____ **Date** _____
(Parent/Guardian if under age 18)