



presents the second running of the



REGISTRATION FORM

Register online at ExcaburRun.com

Sunday, March 1, 2015
Viera, Florida
7:00 am Start Time



The Only Medieval Themed 10 Miler in the Land

PAY BY DATE	AUG. 1 - NOV. 30	DEC. 1 - JAN. 31	FEB. 1 - RACE DAY
EXCALIBUR 10 MILER	\$60	\$70	\$80
RELAY (PER TEAM MEMBER)	\$50	\$60	\$70

CHECK DIVISION: 10 Miler Relay (teams of 2 running/walking 5 miles each)

NAME _____ EXPECTED FINISH TIME _____

TEAM MEMBER NAME (if Relay Division is checked above) _____

TEAM NAME (if Relay Division is checked above) _____

RELAY TEAM TYPE: Male Female Co-ed

Male Female RACE DAY AGE _____ BIRTH DATE ____/____/____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

(Please print legibly as this email will be used for important race communication and virtual race bag delivery)

T-SHIRT SIZE: X-Small Small Medium Large X-Large XX-Large *Unisex Sizing (Tech shirt will not shrink)*

SELECT A COLOR: Maroon Blue *(Corral designation for starting charge towards each other and bib color.)*

NOTE: Entry fees are non-refundable and race numbers are non-transferable.

MAKE CHECK PAYABLE TO: Running Zone Foundation.

MAIL TO: Running Zone Foundation, Inc., 3696 N. Wickham Road, Melbourne, FL 32935

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE ACCEPTED! In consideration of my entry into the 2015 Excabur 10 Miler 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 the sponsors, officials, volunteers and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the 2015 Excabur 10 Miler. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any emails, photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

Behold, thy quest begins...

