

1st Annual North Ridge Bridge Run 5K

Saturday, January 7, 2012 — 8:30 AM

Presented by the Polk County BOCC & the North Ridge CRA

LOCATION:

- ◆ Posner Commons, Davenport, FL– Southeast Corner of I-4 and US 27

PARKING:

- ◆ Parking will be available in Posner Commons.

REGISTRATION & ENTRY FEES:

- ◆ Register online at www.imathlete.com or by mail. On-line registration closes at 11:59 PM, 1/2
- ◆ Adults- \$15.00 by January 2. **\$25.00 January 3 and after.**
- ◆ Kids Pricing (14 & under)- \$10.00 by January 2. **\$20.00 January 3 and after.**
- ◆ Make checks payable to Polk County BOCC
- ◆ Mail to PCTSM, 2701 Lake Myrtle Park Rd, Auburndale, FL 33823.
- ◆ T-shirts not guaranteed for entries received after January 2.

RACE DAY SCHEDULE:

- ◆ 7:00 AM TO 8:15 AM– Registration & T-Shirt Pick-up at Posner Park
- ◆ 8:30 AM– Race Start
- ◆ 9:30 AM– Ernie Caldwell Blvd Ribbon Cutting & Dedication
- ◆ 10:00 AM– Antique Car Parade and Celebration

AWARDS:

- ◆ 1st Overall Male & Female, 1st Overall Masters Male & Female (40 & over)
- ◆ 1st thru 3rd in standard 5 year age groups (10 & under through 70+).

CONTACT: Marc Zimmerman 863-860-0562 or zimm@centralfloridasports.com



NORTH RIDGE BRIDGE RUN 5K REGISTRATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Sex: _____ Age: _____ T-Shirt Size: S M L XL

E-mail: _____

Emergency Contact Name & Phone: _____

Incomplete or unsigned entry forms will not be accepted. I know that participating in this event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the race. I assume all risks associated with participating in this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat/humidity, condition of the course, all such risks being known and appreciated by me. 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 responsibility for this action. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release Polk County Board of County Commissioners and any and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence on the part of the persons named in the waiver. I give permission for the use of my name and/or picture for any broadcast, telecast or other account of this event.

Signature: _____ Date: _____

Parent or Guardian if under 18

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