

22nd ANNUAL FLAPJACK 5K & 1 MILE FUN RUN

Sunday December 13th 8:00 AM

Land O' Lakes Recreation Complex (LOLRC) 3032 Collier Parkway, Land O' Lakes, FL 34639



Directions: 1 mile north of SR 54 on Collier Pkwy.
LOLRC is on the east side of Collier Parkway (just past library on right),

Major Sponsors: Logo designed by Casey Armstrong
In Creative Group

Race Times: 5K - 8am, registration 7 am
1 Mile - 8:45am

Registration Fees: if received by 12/4/2015

5K: Students K-12 \$17

Adults \$25

1 Mile: All ages \$15

After 12/4 All Entries \$30

OFFICIAL ENTRY FORM

Please print clearly.

Please be sure entry is complete and attach payment. Incomplete or unsigned forms will not be accepted.

Amenities: Custom T-Shirt (if registered by **11/27/15**), First 300 runners will receive a Medal at the finish line, Flapjack Breakfast, Awards & Fun for the whole family!

NAME: _____

M ___ or F ___ (✓)

5K Awards: 1st, 2nd & 3rd M & F - 1st M & F 9 and under
1st M & F 1 Mile

Phone _____

8 Team Awards in 5K: Father/Son, Father/Daughter, Mother/Son,
Mother/Daughter, Husband/Wife, Brother/Brother, Brother/Sister,
Sister/Sister

Address: _____

(The lowest combined times will receive a first place award in each division)

Team members can only apply to one category, no cross overs please.
No TEAM registrations will be allowed on race day!

City _____ State _____ Zip _____

E-mail _____

Race Director: Dr. Heidi Pickering (727) 947-2168

EVENT please ✓ your choices:

Flapjack Hosts: Central Pasco Chamber of Commerce, LOLHS Cross
Country Club

___ 5K student ___ adult ___

___ 1 Mile Fun Run

Applications available on Active.com and **at Land O' Lakes High School, FitNiche, Running Center in Tampa, Shapes SR 56, CRUNCH, Get A Grip Total Fitness** and the chamber office.

Single Runner Age _____

Please make checks payable to Central Pasco Chamber of Commerce (CPCC)

Entries can be mailed or dropped off to

2810 Land O' Lakes Blvd. or faxed to 813-909-0827

Land O' Lakes, FL 34639 or e-mailed to tina@CentralPascoChamber.com

Teams MUST BE PREREGISTERED, none on race day

Family Team is limited to **one** event and **one** Family Team Award

PAYMENT METHOD

Cash _____ Check No. _____

Name on card _____

Address for Card _____

City _____ State _____ Zip _____

E-mail _____

Credit Card: Visa: ___ Master Card ___ Other ___

Credit Card # _____

Exp Date _____ CVV2: _____

Three or four digit code on card

Total Amt. to Charge _____

Please be sure to complete event choices & release

Authorized Signature _____

Division please ✓

___ Father/Son ___ Father/Daughter ___ Mother/Son,

___ Mother/Daughter ___ Husband/Wife ___ Brother/Brother

___ Brother/Sister ___ Sister/Sister

Each member must pay per entry

T-Shirt Sizes YS YM YL SM M L XL (XXL add \$2 to entry)

Names of Team Members

(circle)

1. _____ M or F Shirt size _____ Age _____

2. _____ M or F Shirt Size _____ Age _____

Club/School Affiliation _____

EVERY runner MUST fill out a waiver, so 2 people on a team 2 people have to sign their own waiver, parents can sign for minors but a separate waiver is needed for everyone! Waivers on back of this registration form!

Flapjack 5K & 1 Mile

Waiver & Release of all claims & assumption of risk

I _____ recognize and acknowledge that there are certain risks of physical injury to participants in the Flapjack 5K and 1 Mile and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ Ward or I may sustain as a result of said participation before, during or after the event. I further agree to waive and relinquish all claims I or my minor child / Ward may have (or accrue to me or my child / ward) as a result of participating in these activities against the Flapjack 5K,

Central Pasco Chamber of Commerce and all of their agents assisting with the event, sponsors, representatives and employees. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I attest and certify that I am physically fit, do not have any limitations, and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical

Doctor. I hereby grant full permission to any and all of the foregoing to use any likeness of myself or my minor child / Ward to promote and advertise the event now and in the future including photography, video tapes, motion pictures, recordings or other record of this event.

I have read and fully understand the above important information, warning and assumption of risk and waiver and release of all claims for myself and my minor child or Ward. _____ Initials

Printed Name _____

Minor / Ward _____

Signature _____

Signature of Parent / Guardian

Flapjack 5K & 1 Mile

Waiver & Release of all claims & assumption of risk

I _____ recognize and acknowledge that there are certain risks of physical injury to participants in the Flapjack 5K and 1 Mile and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ Ward or I may sustain as a result of said participation before, during or after the event. I further agree to waive and relinquish all claims I or my minor child / Ward may have (or accrue to me or my child / ward) as a result of participating in these activities against the Flapjack 5K,

Central Pasco Chamber of Commerce and all of their agents assisting with the event, sponsors, representatives and employees. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I attest and certify that I am physically fit, do not have any limitations, and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical

Doctor. I hereby grant full permission to any and all of the foregoing to use any likeness of myself or my minor child / Ward to promote and advertise the event now and in the future including photography, video tapes, motion pictures, recordings or other record of this event.

I have read and fully understand the above important information, warning and assumption of risk and waiver and release of all claims for myself and my minor child or Ward. _____ Initials

Printed Name _____

Minor / Ward _____

Signature _____

Signature of Parent / Guardian