

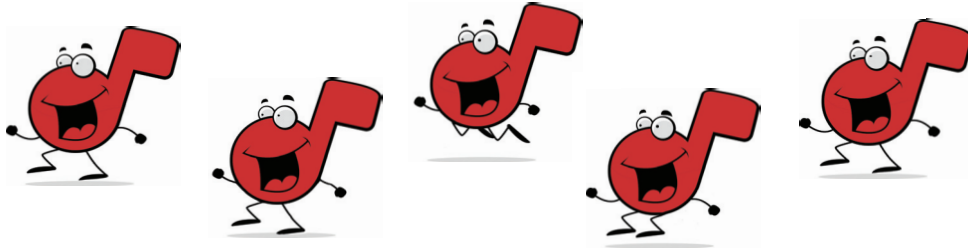


# 4th Annual Band On The Run 5K

**Start Time: 8 A.M.**

**1000 Live Oak St.  
New Smyrna  
Beach**

**Chip Timing by  
Red Pointer  
Productions**



**February 23, 2019**

**Funds from this event will support the New Smyrna Beach High School Barracuda Band**

<b>Adult Rates</b> Before December 31, 2018- \$20 January 1–February 15, 2019- \$25 February 16–23, 2019-\$30	<b>Entry Fees</b>	<b>Student Rate</b> \$15 Age 18 & under, No rate increase for students
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**Awards for Top Three in Each Age Group, Top Overall M/F, Masters & Grandmasters**

**Please make checks payable to NSB BPA • PO BOX 1678, NSB, FL 32170**

For more info visit Band On The Run 5k facebook page or email barracudaband5k@gmail.com

**Participants can also register online at RunSignUp.com** 

Name: \_\_\_\_\_ Sex: M F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: S M L XL XXL (circle one) Total Enclosed: \$ \_\_\_\_\_

Team Name: \_\_\_\_\_ Team rates at RunSignUp.com

I would like \$5 of my race fee to help support a band student!\* Student Name: \_\_\_\_\_

\*Applies to adult rate only

### Release Waiver

In consideration of the acceptance of this entry, I waive all claim for myself, my heirs and assigns against the sponsors, cooperating and supporting groups and any individuals supported with this event, including New Smyrna Beach Barracuda Band, the school board of Volusia County, also including the City of New Smyrna Beach and Edgewater, Florida. I hold the above groups harmless for any and all injuries which may result from my participation. I am in proper physical condition to participate in this event. I give permission for the media to use my name, image, or any other account of my participation in this event in any publication, newspaper, broadcast, telecast or other media without limitation and obligation of anyone to compensate me further.

Participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_