

GR8 TO DON8

8K Run for Organ Donation



DAG-System® Timing Utilized

Purpose

Increase Awareness for Organ Donation and Transplantation.

Date & Time

Saturday, April 17, 2010

8:00 a.m.: 8K

8:05 a.m.: 5K

9:45 a.m.: Awards Presentation

Directions & Parking

The run will take place at Lyman High School located
At: 865 South Ronald Reagan Blvd, Longwood, FL. 32750

Entry Fee

Entry fees are nonrefundable

Before March 1 \$22

March 1 to April 16 \$25

Race Day \$30

Students 18 years of age and under - \$15

Amenities

First 500 participants will receive a adidas technical shirt. Shirt sizes are not guaranteed for day of race registration.

Beneficiary

All proceeds to benefit TransLife



8K and 5K Run

Registration

Register online at www.fleetfeetorlando.com

Or mail completed entry form:

Fleet Feet Sports, Attn: GR8toDON8

397 E Altamonte Dr #1470

Altamonte Springs, FL 32701

Make all checks payable to: TransLife



ORLANDO

Packet Pick-Up

Pick up race number, Technical shirt, and information at Fleet Feet Sports (397 E Altamonte Dr #1470 Altamonte Springs, FL 32701 tel. 407.772.2233) starting Thursday, April 15th from 10:00 am - 7 p.m. through Friday, April 16th from 10:00 am - 5:00 pm. Packets will also be available on race day at Lyman High School Stadium.

Check In

Check in starts at 6:50 a.m., on April 17th.

Awards

The GR8 To DON8 8K is designed to unite the community in fun and fitness, as well as to increase awareness for organ donation and transplantation. The top three male and female finishers will win awards. There are also awards for the top three male and female finishers in six different age groups.

Prizes

Stay for the awards and an opportunity to win

Restrictions

For safety reasons, wheelchairs, baby jogger/strollers, in-line skates, skateboards, headphones and dogs will not be allowed in the race.

Find more information at www.fleetfeetorlando.com

One entry per person - photo copies accepted.

REGISTRATION

5K RUN / WALK
Please indicate your event choice with an X

8K RUN

SHIRT SIZE (Womens) XS S M L XL 2XL

circle one

SHIRT SIZE (Unisex) XS S M L XL 2XL

BIB#

Amount Paid \$

METHOD OF PAYMENT:

CASH CHECK CHARGE

Make check or money order payable to:
TransLife

Mail completed entry form to:
Fleet Feet Sports,
Attn: GR8toDON8
397 E Altamonte Dr #1470
Altamonte Springs, FL 32701

For Official Use Only

LAST NAME FIRST M.I.

DATE OF BIRTH AGE ON RACE DAY SEX

ADDRESS

CITY STATE ZIP CODE

DAY TIME PHONE EVENING PHONE

EMAIL ADDRESS

PLEASE INDICATE BELOW IF YOU ARE ONE OF THE FOLLOWING

Donor Family Member Organ / Tissue Recipient Living Donor

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

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 , Orlando Health, Lyman High School, Fleet Feet Sports, the city of Longwood and its residents, Seminole County, the beneficiaries and any of the above mentioned races and their sponsors upon which I am entering, any subsidiary or political division thereof, its or their respective officers, agents, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in the event as is mentioned above. If I should suffer injury or illness I authorize officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for these actions. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recordings or any other record of this event for any purpose. Bicycles, baby stroller/joggers, dogs, inline/roller skates, headphones are prohibited.

I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

SIGNATURE (If under 18, parent's signature required) _____

DATE _____