



Second Annual 5K RUN/WALK

WHERE: **Timber Creek High School, 1001 Avalon Park Blvd. Orlando, FL 32828**
5K run/walk will start at Timber Creek High School, south through downtown Avalon and finish at Timber Creek High. Parking at Timber Creek High School parking lot.

WHEN: **Saturday, March 20, 2010**

TIME: **Check-in time is 6:30 a.m. Race Time is 8:00 a.m.**

ENTRY FEE: **\$20.00 adults when registered by March 13, 2010**
\$15.00 per person for groups of 5 or more (must register together and include *group name* on registration form below)
\$12.00 students (13-17 years old)
\$10.00 youth (12 and under)
\$25.00 after March 13th and day of event

Event t-shirt and awards included in entry fees!

REGISTRATION: 3 ways to register

Online: www.inlandvolleyball.org

Mail: Complete form below, sign and mail with payment to:
Inland Volleyball Club
13625 Phoenix Dr.
Orlando, FL 32828

Day Of: Register day of event (\$25.00), **Bring completed registration form with payment to event.**

Name : _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone (Day): _____ **Phone (Evening):** _____
Birth Date: _____ **Age on event day:** _____
Email: _____
Age Group: ___ 8-10 ___ 11-12 ___ 13-14 ___ 15-19 ___ 20-24 ___ 25-35 ___ 36-45 ___ 46-55 ___ 56-66 ___
Gender: ___ Male ___ Female **T-Shirt Size:** ___ S ___ M ___ L ___ XL ___ XXL ___ Youth
Registration Fees Included: _____ **Group Name (5 or more)** _____

Race Waiver and Release (must be signed by participant/guardian over 18)

In consideration of my entry being accepted, I intend to be legally bound, and do hereby all rights and claims for damages which may hereafter accrue to me against Inland Sports, Inc. DBA Inland Volleyball Club, Orange County Public Schools, Timber Creek High School, Avalon Park Property Owners Association, USA Track & Field, any sponsors of the event or any individuals who are in any way associated with the event from all claims or liabilities of any kind arising out of my participation in this event, even though they may arise out of negligence on the part of the persons named herein. I attest and verify that I am physically fit and am fully able for competition of this event. I have read the above release and understand that I am entering this event at my own risk.

Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

PLEASE NOTE: Make checks/money orders payable to: Inland Volleyball Club. All fees are non-refundable.
For Club Information log onto: www.inlandvolleyball.org