



# 2nd Annual McLeod Health & Fitness Half Marathon

## January 9, 2010



### COURSE DESCRIPTION

Course is flat and fast and a majority of the race is run along the scenic and historic Florence Rail Trail.

Half Marathon (13.1 miles).....8:00am  
 5K Run/Walk.....8:00am  
 1 Mile Run/Walk.....8:00am  
 Tot Trot (50-Yard Dash).....10:30am

**A portion of the race proceeds benefit McLeod Children's Hospital**

### REGISTRATION & PACKET PICK UP

Participants can register one of three ways:

- On-line at [www.atlanticsportsmarketinggroup.com](http://www.atlanticsportsmarketinggroup.com)
- Mail the form on the backside of this brochure to McLeod Health & Fitness Center, Kevin Mitchell, 2437 Willwood Drive, Florence, SC 29501. Please add \$10 for paper registration. Make checks payable to: McLeod Health and Fitness Center
- Race Day Registration and Packet Pickup onsite at McLeod Health & Fitness Center, January 8th from 4:00pm to 7:00pm or January 9th from 6:00am to 7:45am.

### TIMING

Professional timing will be implemented by RMS Sports, utilizing Chronotrack disposable chips.

### RUNNER AWARDS

#### Half Marathon

- Top Three Male & Female overall
- Top Three Male & Female Masters overall
- Top Three in the following age groups: 14 & under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 plus

#### 5K Run/Walk

- Top Three Male & Female overall
- Top Three Male & Female Masters overall
- Top Three in the following age groups: 14 & under; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65 plus

#### 1 Mile Run/Walk

- Top Male & Female overall

#### Tot Trot 50 Yard Dash

- All children will receive a prize



*Festival Promotions*

## 2nd Annual McLeod Health & Fitness Half Marathon Entry Form

Please Make Check Payable to **McLeod Health and Fitness Center** and mail to **2437 Willwood Drive, Florence, SC 29501**

Sex  M  F Age on Race Day   First Name                   MI

Birth Date     Last Name

Address

City           State   Zip Code

Phone    -    -     Shirt Size  S  M  L  XL

Email

**THERE WILL BE A \$10 FEE FOR MAIL-IN REGISTRATIONS.**

| ENTRY FEES:                              | Half Mara. | 5K Run/Walk | 1Mile Run/Walk | Tot* Trot |
|--|------------|-------------|----------------|-----------|
| 10/9/09-11/26/09                         | \$50       | \$20        | \$15           | \$5       |
| 11/27/09-12/8/09                         | \$60       | \$25        | \$17           | \$6       |
| 12/9/09-1/6/10                           | \$65       | \$30        | \$20           | \$7       |
| Race Day (1/9/10)                        | \$70       | \$35        | \$25           | \$8       |
| <input type="checkbox"/> Half Marathon   | \$ _____   |             |                |           |
| <input type="checkbox"/> 5K Run/Walk     | \$ _____   |             |                |           |
| <input type="checkbox"/> 1 Mile Run/Walk | \$ _____   |             |                |           |
| <input type="checkbox"/> Tot Trot        | \$ _____   |             |                |           |
| Total Amount Enclosed                    | \$ _____   |             |                |           |

\*No shirts for Tot Trot.

RELEASE WAIVER: In consideration of the foregoing, I, myself, my heirs, executors and administrators, hereby waive and release the Atlantic Sports Marketing Group, Event Sponsors, and any and all of its members, affiliates, officers and all individuals utilizing the center in connection with the above mentioned display from any responsibility whatsoever for any and all claims, damages, actions, liability and expense in connection with loss of life, personal injury, and/or damages to property which may occur as a result of my participation in said road

race or walk, including, but not limited to any injuries I might suffer during this event. I acknowledge that I am aware of the inherent risks in participating in any athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event and my physical condition has been verified by a licensed medical doctor. I hereby give my consent for the use of videotaping or photography of myself or child during this event. I understand that the entry fee is non-refundable.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Guardian if under 18)