



**Get a running start to your Mardi Gras Weekend!
Rockin' course . . . State record possibilities!
Certified 5K and 1-mile courses!**

Saturday, March 1, 2014 **Daphne City Hall**
5K start: 8 a.m. **1-Mile start: 9 a.m.**

Benefits SEEDS, Daphne's education foundation, and SEEDS' 2014 Classroom Enrichment Program

Produced by Peggy Olive (LRH Productions) & SEEDS

The certified 5K and 1-mile courses wind through Olde Towne Daphne on a mostly flat circuit with the finish at DAPHNE CITY HALL. Post-race party includes live classic rock music, good food, great children's activities and door prizes. Bring your lawn chair and join the fun!

Registration: Register by mail (entries should be postmarked by Sat., Feb. 22), in person at McCoy Outdoor or Run-N-Tri in Mobile or Running Wild in Fairhope until noon on Thurs., Feb. 27, or online (<http://seedsclassicrock.eventbrite.com>) until midnight on Wed., Feb. 26. **Packet Pick-up and race day registration** will be at Daphne City Hall (1705 Main Street) from 7-7:45 a.m.

Entry fees: 5K Pre-registered: **\$18** 5K Day of Race: **\$20** 1-mile Fun Run: **\$10** No shirt option: **subtract \$3**

Awards: Top male and female Overall, Masters, Grandmasters, Senior Grandmasters, Race Walker.
 Top 3 male and female runners in these age groups: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 34-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-99.

Shirts: Classic Rock 5K race shirts guaranteed to all runners registered by February 15. After that date, registrants will receive shirts as long as supplies last.

Post Race: Live classic rock entertainment; grilled hamburger/hot dogs, soft beverages; great door prizes; Awards at 9:30 a.m. following certified 1-mile Fun Run (9 a.m. 1-mile start, also from Daphne City Hall)

Packet Pick-up: 5K race registration packets will be available for pick-up on Saturday morning, March 1, from 7- 7:45 a.m. at the Daphne City Hall located at 1705 Main Street.

If the weather is unseasonably warm or cold, use the customary racing precautions with which you should be familiar and take advantage of the water along the course. Stop running/walking and seek help if you stop sweating and feel nauseous or dizzy. If you see a fellow runner/walker who appears to be in trouble, please stop and help if you can.

Last name: _____ **First name:** _____ **Age:** _____ **Sex:** M F

Address: _____ **City, State, Zip:** _____

Date of Birth: _____ **Email address:** _____ **Phone:** _____

Style: Runner/walker Race walker **T-shirt:** YL S M L XL XXL No Shirt (subtract \$3)

Event: 5K 1-Mile An additional SEEDS donation of \$ _____? **TOTAL ENCLOSED:** _____

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature I certify that I am medically able to perform this event, am in good health and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running or walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release SEEDS, LRH Productions, the City of Daphne, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature of participant _____ Date _____
 (Parent/Guardian must sign for applicants under 19)

Make checks payable to SEEDS. Mail completed applications and fees to SEEDS, P. O. Box 460, Daphne, AL 36526