

# ST. PADDY'S 8K



## FULL COMPLIMENTARY BREAKFAST

*Loop Course—Raffle Prizes—T Shirts*

**LOCATION:**

**Sharky's On The Pier**

1600 Harbor Dr S, Venice, FL 34285

**DATE/TIME:**

**March 16th, 2019**

**Registration begins at 6:30 am**

**Race begins at 8:00 am**

**FEES:**

**On or before 1/31 - \$25**

**On or before 2/28 - \$35**

**After 3/1 - \$40**

**RACE INFORMATION:**

**Early packet pick-up: Thursday March 14th, 2019**

**4 PM—6 PM at The SKY Family YMCA, Venice FL**

**AWARDS:**

**Awards 3 deep in all age divisions, Overall Male/Female awards, & Keepsake T-Shirts for the first 250**

**SIGN UP:**

**[www.runsignup.com](http://www.runsignup.com) or in person at:**

**SKY Family YMCA, 701 Center Road, Venice, FL 34285**

FOR MORE INFORMATION  
PLEASE CALL 941-375-9113

**[www.swflymca.org](http://www.swflymca.org)**

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# Venice YMCA St. Paddy's 8K

Sponsored by The SKY Family YMCA and:



**DON'T LET YOUR LUCK RUN OUT!**

**RACE LOCATION:**

**Sharky's On The Pier**  
 1600 Harbor Drive South  
 Venice, FL 34285

**EARLY PACKET PICK-UP:**

**Thursday, March 14th 4-6 PM**  
 The SKY Family YMCA  
 701 Center Rd Venice FL 34285

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M	F	Age	Date of Birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Address		City		State & Zip		
<input type="text"/>	<input type="text"/>			Shirt Size S M L XL		
Phone	E-Mail Address					

In consideration for my being accepted, I intend to be legally bound and do hereby for myself, heirs, executors and administrators release and relinquish all rights and claims for damages which I may have or which may hereinafter accrue to me against the SKY Family YMCA, Inc., VABI, The City of Venice & Sarasota County, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors and supporters for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry or participation in an event itself. I also covenant with the aforementioned persons and entities not to sue any of such persons for any activity, including the negligence of such persons and entities. I certify that I have represented by my application for entry that my physical condition and training for this event is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, rigors and the risk of the events involved. If I should suffer injury or illness, I authorize any official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby agree that in the event of a race cancellation due to a storm, rain, wind, inclement weather or other "Acts of God", my registration fee shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose including commercial Use.

Emergency Contact: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Signature: <input type="text"/>	Date: <input type="text"/>	\$ Total: <input type="text"/>
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Would you like to make a one time donation of  \$1  \$3  \$5 or  other \$\_\_\_\_\_ to support YMCA scholarship fund?

Cash  Check #

Visa  Master Card  /  Exp. **No Refunds**



Make Checks Payable to and Mail To: SKY Family YMCA/ St. Paddy's 8K / 701 Center Rd / Venice / FL / 34285