

PRESENTS

2010 Pasco Challenge

Run - Walk - Bike



at Jay B. Starkey Wilderness Park, 10500 Wilderness Park Road, New Port Richey, 34655

***** Saturday, March 6, 2010 – 8:00 AM Sharp! *****

- Awards at Pavilion A in **Age Categories** and **Gender Class**, **Overall Male & Female** and **Overall Masters** in competitive events
- Goody Bags & T-Shirts guaranteed to **Pre-Registered** by 2/8/10 deadline
- **Competitive Events** Chip-Timed & **USATF Certified**

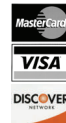
POST PARTY UNTIL 1:00 PM -  PROVIDING BREAKFAST

REGISTRATION FEES:

- **Adults** - \$25 before February 8th deadline - \$30 after 2/8/10
- **Youth (16 & Under)** - \$15 anytime

REGISTER:

- On-line at www.active.com
- By phone - Call 888.496.8004 or 727.848.8888
- For a registration form, go to www.alzheimersfamily.org



Competitive Events

- 5K & 10K Foot Race
- 13.1 Mile Half-Marathon



Non-Competitive Events

- 1 Mile Run/Walk
- 25K, 50K & 100K Bicycle Tours

All Events

- Pre-Register Check-In
- Registration - 6:15 - 7:45 AM

Event Start Times

- Bikes - 8:00 AM
- 1/2 Marathon - 8:05 AM
- 5K & 10K - 8:10 AM
- 1 Mile Run/Walk - 8:15 AM

All proceeds benefit the Alzheimer's Family Organization

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Sex: _____ DOB: _____ Age: _____

T-Shirt Size: S _____ M _____ L _____ XL _____

Running / Cycling Club: _____

Staying Overnight? _____ Where? _____

How Did You Hear About Our Event? _____

Mail signed entry form and fee to:

Alzheimer's Family Organization
PO Box 1939, New Port Richey, FL 34656-1939

E-mail: info@alzheimersfamily.org

Website: www.alzheimersfamily.org

Check One Event Only (Tour Lengths Subject to Change)

Non-Competitive Events

Run/Walk (1 Mile) _____

Bike Tours - 25K _____ 50K _____ 100K _____

Competitive Events (USATF Certified)

Foot Races - 5K _____ 10K _____

13.1 Mile Half-Marathon _____

NO REFUNDS FOR ANY REASON

In consideration of my entry 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 have or which may hereinafter accrue to me against the Alzheimer's Family Organization, its 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 any 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 my application for entry that my physical condition and training for this event is adequate to participate safely in this event and I acknowledge that I am familiar with the distances, rigors and risk of the events involved. If I should suffer injury or illness, I authorize the official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this. I hereby agree that in the event of an event cancellation due to a storm, rain, winds, inclement weather or other "Act of God" conditions, my registration shall not be refunded. I hereby grant full permission to any and all of the foregoing to use any photograph, motion pictures, video tapes, recordings or any other record of this event for any purpose including commercial use.

**Unsigned Entry Forms Will Not Be Accepted.
All Registrants Must Sign Form at Check-In.**

Signature of Participant
(Parent or Guardian if under 18 years)

Date