

# Independence Day 8K/5K/1Mile

July 4, 2012  
The Market Common

[www.independenceday8k.com](http://www.independenceday8k.com)



## Packet Pickup and Registration:

**Tuesday, July 3** - 4 p.m. - 7 p.m. at The Piggly Wiggly @ The Market Common.

**Wednesday, July 4** - 5:30 a.m. - 6:50 a.m. at the finish line.

**Start Time:** 8K - 7 am  
5K - 7 am

**Shirts:** T-shirts are guaranteed to first 700 registered participants.

**Awards:** 8K and 5K Top 3 overall and first place masters. 1<sup>st</sup> Place M/F in 1 mile

**Top M/F age groups:** 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70+

## REGISTRATION FEES

	8K	5K	1M
Before 5/31	\$25	\$23	\$15
6/1 - 6/14	\$30	\$28	\$15
6/15 - 6/22	\$32	\$30	\$15
6/23 - 7/1	\$35	\$33	\$17
7/3 & Race Day	\$40	\$38	\$20

8K \$ \_\_\_\_\_

5K \$ \_\_\_\_\_

1Mile \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

## *Checks Payable to Festival Promotions*

Name \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency phone # and contact \_\_\_\_\_ Shirt Size S M L XL XXL

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Waiver: In consideration of the foregoing, I, myself, my heirs, executors and administrators, hereby waive and release Festival Promotions, 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 injury I might suffer during this event. I acknowledge that I am aware of the inherent risks in participation 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 of the use of videotaping or photography of myself or child during this event. I understand that the entry fee is non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Registrations can be mailed to: 2105 Cromley Circle, Unit C, Myrtle Beach, SC 29577\***