



SPONSORED BY:

KEISER UNIVERSITY

TO BENEFIT:



Diploma Dash

5k Run/Walk

Date: Saturday, February 21, 2009

Time: Race begins at 7:30 am

Location: Halpatiokee Regional Park
7645 SE Lost River Road
Stuart, FL 34994

Pre Registration \$15.

(Deadline: postmarked by 2-16-09)

Race Day Registration:

General: **\$20.** • Student: **\$10.**

* All proceeds benefit the Project Graduation Foundation

Registration forms available at:

www.sailfishstriders.com or

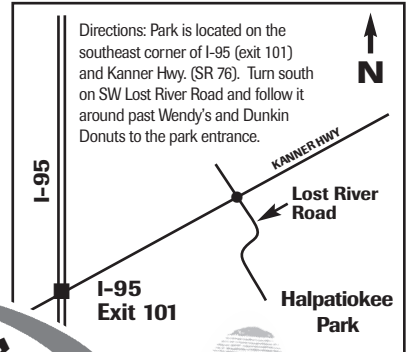
Fleet Feet Sports

2440 Federal Highway, Stuart, FL 34994

1.5 miles north of Roosevelt Bridge (Next to **Bed Bath & Beyond**)

For More Information Contact: Rex Noble: 561-818-9730 or www.sailfishstriders.com

Entire Course Will Be On Paved Trails. Complimentary post-race massages offered by Keiser students.



Prizes will be awarded to:

- Overall M/F
- Masters M/F (Age 40+)
- First High School Student M/F
- 3-Deep in 5-Year Age Groups (10 and under to 70 and over)



ENTRY FORM

Name: _____ M / F (Circle One)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Age: _____ Run Walk

Date of Birth: _____

T-Shirts for the First 150 Runners

T-Shirt Size: Small Medium Large X-Large

Incomplete or Unsigned Entry Forms Will Not Be Accepted. I hereby express and affirmatively state that I, or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risks of injury, including but not limited to loss of future earning capacity, loss or damage to personal property, various degrees and severity of injury, all other possible risks of injury and even death which occur by reason of me/my child's participation and release Project Graduation Foundation, Martin County/Sailfish Striders, Mike Melton, directors, sponsors, its agents, and employees there from. I intend to be legally bound, and do hereby, for myself, my heirs, and executors, waive and release any and all rights and claims for damages which I may have or which may hereinafter accrue to me. If I or participant I represent should suffer injury or illness I authorize officials of the race to use their discretion to be transported to a medical facility and I take full responsibility for this action. I voluntarily choose to participate, or allow my child to participate, assuming all risks. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any record for this event for any purpose.

Parent Must Sign Waiver if Child is Under 18 Years Old.

Participant/Parent/Guardian _____ Date _____

Email: _____

Make checks payable to: Sailfish Striders. **Mail to:** Sailfish Striders P.O. Box 1334, Stuart, FL 34995-1334. **ATTENTION: DIPLOMA DASH**