Please fill out the form, front and back, completely and clearly. (Please Print)

## 2009 OFFICIAL DOUBLE BRIDGE RUN ENTRY FORM

For Official Use Only	
Date Received:_	

ENTRY FORM	Date Received:// ☐ \$30 ☐ \$35	
Last Name		
First Name	Male Female	
Age on Race Day Date of Birth (Month, Day,	Year)	
Mailing Address		
City	State	
Zip Code Telephone Num	ber (Daytime)	
T-shirt size:		
Child Medium Small Medium Large	X-Large 2X	
Email Address:		
Race must be declared:		
15K Runner 15K Wheelchair 5K F	Runner 5K Walker	
Post marked on or Post m	arked between	
·	, 2009 & Feb. 6, 2009	
5K-\$30.00 5K-\$3		
15K-\$30.00 15K-\$	35.00	
Amount enclosed \$		
PLEASE REMEMBER NO RACE DAY REGISTRATION		
In consideration for participation in the Pensacola Doubl personal representatives, waive and release any and all claim organizers, sponsors, officials, and contributors of Pensacola Sport any of its subsidiaries and affiliates, the City of Gulf Breeze, the Ci Santa Rosa Island Authority, Santa Rosa School System, and successors, and assigns, for all and any illness or injuries suffered	s and rights for damages I may have against the s Association. The Double Bridge Run Committee and ty of Pensacola, Escambia County, Santa Rosa County, Gulf Breeze High School and their representatives,	

I attest and verify that I am physically fit, and have sufficiently trained for completion of this event, and that a licensed medical doctor has certified my physical condition. Further, I hereby grant full permission to any and all foregoing to use my name, photographs, videotapes, motion pictures, recording, or any other record of the event for any purpose whatsoever without charge. By my signature, I also acknowledge that no pets, strollers, baby joggers or roller blades are allowed on the race course and I agree to observe these restrictions.

All entry fees are non-refundable and non-transferable. No refunds will be available.

## ALL PARTICIPANTS MUST SIGN RUNNER'S RELEASE

Signature	
Date	(If under 18, the signature of parent or guardian is also required)
Parent (Guardian)	
Parent's (Guardian) Phone #	
	DENICACOLA CDORTO ACCOCIATIONI

Make checks payable to: Detach this form and mail to: PENSACOLA SPORTS ASSOCIATION Pensacola Sports Association, P.O. Box 12463, Pensacola, FL 32591