



Present the
**2006 USATF National/Florida
50K Race Walking Championships Masters/Open**

&
**2006 South Regional Masters
15K Race Walking Championships**
Sunday, February 12, 2006



At Lake Louisa State Park, Clermont, Florida

Events:	#1	50K National Men & Women Open/Masters Race Walking Championship	Packet Pick Up:	National Training Center Sat., Feb. 11 th , 3 p.m. – 5 p.m.
	#2	50K Florida Association Championships		Lake Louisa State Park Sun., Feb. 12, 6 a.m. – 6:45 a.m.
	#3	15K South Regional Masters Race Walking Championships	50K Awards:	Medals to top 6 M/F in Open & Top Team M/F
Location:	Lake Louisa State Park 7305 US Highway 27 Clermont, FL 34711			Medals to top 3 M/F in Masters by Age Group
Start Time:	7:00 a.m., 50K & 15K			Association Medals to top 3 M/F by Age Group
Officials:	Certified USATF Race Walk and Scoring Officials			15K Awards: Medals to top 3 M/F by Age Group
Entry Cost:	Pre-Registration: Includes Park Entry Must be received by Sun., Feb. 6th, 2006 50K = \$35 15K = \$25 Add \$10 for Association Entry			More Info: Don DeNoon, Meet Director Sandra DeNoon, Asst. Meet Director National Training Center www.usantc.com Phone: (352) 241-7144, ext. 4206 FAX: (352) 241-7162 Email: donald.denoont@orhs.org
	Late & On-Site Registration: Includes Park Entry 50K = \$40 15K = \$30 Add \$10 for Association Entry			Lodging: For lodging information & discounts, please contact Kim Bussman , (352) 241-7144, ext. 4254, kimberly.bussman@orhs.org

PLEASE PRINT OR TYPE INFORMATION BELOW:

Name: _____ Age: _____ D.O.B.: _____ Male Female
Month/Day/Year

50K Open/Masters 50K Association 15K Open/Masters

2006 USATF #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Method of Payment: Make check or money order payable to NTC. Mail with completed entry form to:
Don DeNoon, National Training Center, 1099 Citrus Tower Blvd., Clermont, FL 34711

Check Credit Card (Visa, MC, AMEX, Discover) Credit Card #: _____

Amount Enclosed \$ _____ **Expiration Date:** _____ **CVV:** _____

NO REFUNDS Signature: _____

RELEASE, WAIVER and HOLD HARMLESS AGREEMENT: I, _____ (please print name) desire to participate in one or more of the South Lake Hospital/National Training Center (SLH/NTC) events. I realize that participation in these races carries with it certain risk, and I fully assume any and all risks for my participation. Therefore, I, for myself, administrators, heirs, next of kin, successors and assigns, waive and release anyone associated or affiliated with this event, **USATF-FL, Lake Louisa State Park and SLH/NTC** (The Releasees) from any and all claims, potential claims, damages, court costs and attorney's fees that may arise from my participation in the event. Furthermore, I agree to indemnify and hold harmless the Releasees for any damages from any such claims or damages due to loss or destruction of my personal property while at the event site or property. I further grant all sponsors the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. I further agree I will not seek remuneration for such photos and publicity. All sponsors are, however, under no obligation to exercise said rights herein granted.

Printed Name: _____ Signature: _____ Date: _____