

SWAMP STOMP



5K RUN-WALK

at the **LaBelle Swamp Cabbage Festival**
Sanctioned by Fort Myers Track Club
All proceeds from run to
support the Caloosa Humane Society

Location: Florida Community Bank
on Lee Street



SATURDAY • FEBRUARY 27, 2010

★ 8:30 A.M. ★

REFRESHMENTS...will be available immediately following the race

MALE AND FEMALE:

OVERALL • MASTERS • GRAND MASTERS • SENIOR GRAND MASTERS

FEMALE: 1ST-3RD PLACE

0-11	25-29	45-49	65-69
12-15	30-34	50-54	70-99
16-19	35-39	55-59	
20-24	40-44	60-64	



MALE: 1ST-3RD PLACE

0-11	25-29	45-49	65-69
12-15	30-34	50-54	70-99
16-19	35-39	55-59	
20-24	40-44	60-64	

• ENTRY FEE •

\$22.00 PRE-REGISTRATION - by mail (postmarked by Feb. 23) • **\$25.00 - RACE DAY REGISTRATION** ALSO AVAILABLE ONLINE AT www.ftmyerstrackclub.com

\$15.00 under 18 - No Discount Race Day

REGISTRATION FROM 7:00 - 8:00 A.M. RACE DAY

Early Race Packet Pick Up on Friday, Feb. 26 at Southern Land

700 S. Main Street in LaBelle between 11 a.m. and 5 p.m.

For More Info Call Bonnie Denning 239-229-1819 Eves • bonnie@labellere.com



MAKE CHECK PAYABLE TO: CALOOSA HUMANE SOCIETY

MAIL TO: Swamp Stomp • c/o FMTC, P.O. Box 60131, Ft. Myers, FL 33906

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____

Date of Birth _____ Female _____ Male _____ Shirt Size: ___ S ___ M ___ L ___ XL Age Race Day _____

WAIVER and RELEASE: This entry constitutes a waiver of liability and a limit of your legal rights. In consideration of acceptance of this entry, I for myself, my executors, administrators and assignees do hereby release and discharge all sponsors, race officials, the Swamp Stomp, the Swamp Cabbage Festival, the City of LaBelle, Hendry County and Fort Myers Track Club of all claims, damages, and actions whatsoever, in any manner of my participation of the Swamp Stomp 5K Run/Walk. I attest and verify that I have full knowledge of the risks involved in this event, and that I am physically fit and sufficiently trained to participate in this event. I understand that if I am under the age of 18, I must have the permission of my parents or legal guardian in order to participate in this event. I the undersigned parent or legal guardian hereby consent to the applicant's participation in this event. I have read the above release and fully understand that I am entering the Swamp Stomp 5K Run/Walk at my own risk.

SCORING AND RESULTS WITH THE AMB "CHIP" TRANSPONDER. All participants are required to pick up their "Chip" on race day. You must have your race number to pick up your "Chip." Any participant who does not wear the AMB "Chip" Transponder (Champion Chips will not work) will not be scored as part of the results. ALL "CHIPS" MUST BE RETURNED TO THE VOLUNTEERS AFTER YOU CROSS THE FINISH LINE. LOST CHIPS WILL COST THE PARTICIPANT \$80.00

By submitting this application I agree to the above waiver of liability.

Signature: _____ Date _____

Parent or Guardian Signature _____ (If under 18 years of age.)