

2015 REGISTRATION FORM ON BACK ▶

# LEGENDS RUN



## 4-MILE FUN RUN

**SATURDAY, FEB. 14 - 7:30 A.M.**

**BEACH STREET BEACH ENTRY RAMP, PONCE INLET**

Cost is \$5. Check this box ☐ if you ran the 2014 Daytona Beach Half Marathon, and registration fee will be waived.

Participants will run the same legendary course of the original 1950s era Daytona Beach Road Course, a race track that was instrumental in the formation of NASCAR. It originally became famous as the location where 15 world land speed records were set.

The loop course begins on the beach, just north of the Beach Street ramp, to North Turn approach then south on South Atlantic Avenue, east on Beach Street and back to the start/finish line on the beach.

Parking is on the beach, accessible from the Beach Street ramp.

- Water stations throughout the course
- Refreshments after the race



Ponce Inlet, Florida



**LEGENDS HISTORIC ROAD/BEACH PARADE AT 9:30 A.M.**



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Register online at: [volusia.org/legendsrun](http://volusia.org/legendsrun) or complete the registration form below.

### 2015 REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Race Fee Amount: \$ \_\_\_\_\_

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Legends Run event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, and any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this am entering this event at my own risk.

Signature

Date

Parent/Guardian Signature (if under 18)

**Mail Completed Form to:  
Legends Run 4-Mile Fun Run  
123 W. Indiana Ave., Ste. 301  
DeLand, FL 32720**

**Checks payable to: Volusia County Government**