

THE CITRUS COUNTY EDUCATION FOUNDATION INVITES YOU TO THE



2025 PARTICIPANT REGISTRATION FORM

<p>SCHEDULE, Saturday, 4/12/25 <i>CREST School / Lecanto Complex (2600 S. Panther Pride Dr.)</i></p> <p>7:00am Registration Opens, Packet Pick-up Packet pick-up also available on 4/10/25 at Gulf to Lake Marine (700 S. Thompson Ave., Lecanto)</p> <p>8:00am 10K & 5K Start 8:30am 1 Mile Walk w/Superintendent Hebert, Awards to follow 7:00-11:00am Family Health Expo & YMCA Kid Zone 7:30am Mascot Olympics</p>	<p>AWARDS</p> <ul style="list-style-type: none"> * Overall Individual Male / Female * Overall Masters (40+) Male / Female * Medals 3 Deep in Age Groups 7 and under, 8 to 9, 10 to 12, 13 to 14 5-year Age Groups 15 to 84; 85 & up <p><i>Finisher Medals & one event photo for all pre-registered participants</i></p>	<p>ENTRY FEES <i>(T-Shirts & Finisher Medals guaranteed to pre-registered only)</i></p> <table border="0"> <tr> <td>\$25 Pre-Registered by April 9</td> <td>\$35 for 10K</td> </tr> <tr> <td>\$20 CRR, CCSB Employees Pre-registered</td> <td>\$30 for 10K</td> </tr> <tr> <td>\$10 Students ages 13-17 Pre-registered</td> <td>\$15 for 10K</td> </tr> <tr> <td>\$5 Students 12 & under Pre-registered</td> <td>\$10 for 10K</td> </tr> <tr> <td>\$30 Day of race registration – All athletes</td> <td>\$40 for 10K</td> </tr> </table> <p><i>Sleep In / Virtual Option - Online Only</i> \$5 upgrade for 5K participants & walkers for long sleeve shirt (optional)</p>	\$25 Pre-Registered by April 9	\$35 for 10K	\$20 CRR, CCSB Employees Pre-registered	\$30 for 10K	\$10 Students ages 13-17 Pre-registered	\$15 for 10K	\$5 Students 12 & under Pre-registered	\$10 for 10K	\$30 Day of race registration – All athletes	\$40 for 10K
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RACE: 5K 10K WALK VIRTUAL: Y N SIZE: YS YM YL S M L XL XXL (+\$2 for XXL)

NAME: _____ DOB: ____/____/____ GENDER: _____

SCHOOL / DEPARTMENT (CCSB Employees Only): _____

COMPANY / ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

SPIRIT STICK - I AM RUNNING / WALKING IN SUPPORT OF (Citrus County Public School): _____

CITRUS COUNTY PUBLIC SCHOOLS: AES-Academy of Environmental Science, CES-Citrus eSchool, CHS-Citrus High School, CRE-Central Ridge Elementary, CREST-CREST School, CRH-Crystal River High, CRM-Crystal River Middle, CRP-Crystal River Primary, CSE-Citrus Springs Elementary, CSM-Citrus Springs Middle, FCE-Floral City Elementary, FRE-Forest Ridge Elementary, HER-Hernando Elementary, HOM-Homosassa Elementary, IMS-Inverness Middle, IPS-Inverness Primary, LHS-Lecanto High, LMS-Lecanto Middle, LPS-Lecanto Primary, PAC-Pace Center, PGE-Pleasant Grove Elementary, RCE-Rock Crusher Elementary, WTC-Withlacoochee Technical College

Free childcare in YMCA Kid Zone for participants!



Register: online (www.schoolhousehustle.com), by mail (DRC Sports, P.O. Box 70, Inverness, FL 34451) or turn in this form & payment to your school.



Please make checks payable to: **DRC Sports.** Amount Enclosed \$ _____ Check # _____

RELEASE WAIVER: I understand that entry fees are non-refundable and non-transferrable. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of weather, including high heat and humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skate boards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by these guidelines. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Citrus Road Runners, Citrus County Education Foundation, Citrus County School District, Citrus County Board of County Commissioners, City of Lecanto, DRC Sports, Chris Moling, and all other sponsors, the representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I agree that I may be examined and treated if necessary during the course of the race by qualified race personnel in the event medical problems of any cause arise. The race officials or qualified personnel have the right to remove me from the race if, in their opinion, I may be suffering from a life threatening condition. I hereby grant full permission to any and all of the foregoing to use any email, photographs, videotapes, motion pictures, recording or any other record of this event for any purpose whatsoever. **Please use one application per person – All information above must be filled out in order to race**

SIGNATURE (Parent if under 18 years of age) _____ Date _____

EMERGENCY CONTACT INFO:
Name _____ Relation _____ Cell _____