

# The 2009 Hare Racing Experience

**The 17<sup>th</sup> Annual Family Event Benefiting The Epilepsy Services Foundation, Inc.  
Saturday, April 11, 2009**

**University of South Florida – Athletic Fields, 4202 East Fowler Avenue, Tampa, FL. 33620-8620**

**DISTANCES/RACE:** NEW - Certified

Course - Steep hills eliminated!!!

**DIRECTIONS**

Certified 5K Run/Walk "Off-Road Race" (Start at 8:00 a.m.), 1 Mile Run/Walk (Start at 8:45 a.m.), Fun Runs for kids 6 & under (Start at 9:15 a.m.) Race coordination by Tampa Bay Runners.

Take I-275 to Fowler Ave. Go east to 50th Street and turn left. Proceed for 1/4 mile and turn left onto Elm Street. Proceed until you come to the Athletic Department Building. Parking is behind the building. OR Take I-75 to Fowler Ave. Go west to 50th Street and turn right. Proceed for 1/4 mile and turn left onto Elm Street. Proceed until you come to the Athletic Department Building. Parking is behind the building.

**AWARDS**

5K: Presented to first overall Male/Female & to overall Male/Female Masters (40 & Up) & to the first three Male/Female finishers in age groups (5 year increments starting at 9 & under)

1 Mile: Presented to first overall Male/Female. Kids top three: 5 & under, 6-7 & 8-9

**RACE PARTY**

\* Custom designed T-shirt guaranteed only to pre-registered participants

\* Post-race food, beverages and runner & family-oriented booths

\* Visit with Ronald McDonald and The Easter Bunny

\* Raffle prizes for children & adults

**SPONSORS**

Gold

AXA Advisors

Citi

DoubleTree Guest Suites – Tampa Bay

Florida Comprehensive Epilepsy &

Seizure Disorder Program

Fowler White Boggs

Impax Pharmaceuticals

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IKON Office Solutions

Panera Bread

Sweet Tomatoes

Tampa General Hospital

Bronze

Anonymous

BCI Communications

Don Erickson & Joanna Angelos

Legal Registry

Peabody's Billiards & Games

Kobie & Scott Pierce

Road I.D. Runners World

Dr. William O. Tatum IV

Valeant Pharmaceuticals

Einstein Bagels

**4 WAYS TO REGISTER**

**Online:** [http://www.active.com/event\\_detail.cfm?event\\_id=1642450](http://www.active.com/event_detail.cfm?event_id=1642450)

(CREDIT CARD ACCEPTED AT THIS SITE) Visit **ESF** and sign up. Visit **Feet First** in Tampa & St.

Petersburg and sign up. **Mail** your registration form to HRE.

**FREE ENTRY**

**Recruit and register 4 runners/walkers for the 5K or 1 mile and your registration is free.**

2009 HRE INDIVIDUAL REGISTRATION FORM (Please Print)	2009 HRE TEAM OF 5 REGISTRATION FORM (Please Print)
Postmarked by 4/8/09 <input type="checkbox"/> Certified 5K run/walk...\$15 <input type="checkbox"/> 1 mile run/walk...\$10 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____	Postmarked by 4/8/09 <input type="checkbox"/> Certified 5K run/walk...\$60 <input type="checkbox"/> 1 mile run walk...\$40 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____
Registration after 4/8/09 <input type="checkbox"/> Certified 5K run/walk...\$20 <input type="checkbox"/> 1 mile run/walk...\$15 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____	Registration after 4/8/09 <input type="checkbox"/> Certified 5K run/walk...\$80 <input type="checkbox"/> 1 mile run/walk...\$60 <input type="checkbox"/> Fun Run...\$5 (t-shirt) <input type="checkbox"/> Donation: \$ _____
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Number of t-shirts: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Name	Team: Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____ (Ages Day of Race)
Address	Team Leader Name
City State Zip	Address
Phone	City State Zip
E-Mail	Phone
Age Day of Race	E-Mail
<input type="checkbox"/> M <input type="checkbox"/> F	Number of <input type="checkbox"/> M <input type="checkbox"/> F
WAIVER: I hereby release the Epilepsy Services Foundation, Inc., Tampa Bay Runners and all sponsors, organizers and associate entities, be they individuals or organizations, singly and collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of my participation in this event. I hereby grant permission for the free use of my name and photograph in any broadcast, promotions or account of this event.	WAIVER: We hereby release the Epilepsy Services Foundation, Inc., Tampa Bay Runners and all sponsors, organizers and associate entities, be they individuals or organizations, singly and collectively, of all blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of my participation in this event. We hereby grant permission for the free use of our names and photographs in any broadcast, promotions or account of this event.
Signature (Parent/Guardian if under 18) Date	Signature for Team (Parent/Guardian if under 18) Date
Make checks payable to: <b>Epilepsy Services Foundation, Inc.</b> 4618 N. Armenia Ave., Tampa, FL. 33603-2706 Phone: 813-870-3414, ext. 5 Fax: 813-870-1321 E-Mail: <a href="mailto:torth@epilepsyservices.com">torth@epilepsyservices.com</a> Website: <a href="http://www.epilepsysf.org">www.epilepsysf.org</a>	Make checks payable to: <b>Epilepsy Services Foundation, Inc.</b> 4618 N. Armenia Ave., Tampa, FL. 33603-2706 Phone: 813-870-3414, ext. 5 Fax: 813-870-1321 E-Mail: <a href="mailto:torth@epilepsyservices.com">torth@epilepsyservices.com</a> Website: <a href="http://www.epilepsysf.org">www.epilepsysf.org</a>