



**43rd BILL FLODBERG MT. MADONNA CHALLENGE**  
**SATURDAY, SEPTEMBER 15, 2018**  
**5K, 10K, HALF**  
**GILROY, CALIFORNIA**

- Location** : Sprig Lake, Mt. Madonna County Park  
**Parking** : Limited! Please carpool if possible.  
**Time** : Race day registration begins at 7:00 am  
 HALF starts at 8:00 am  
 5k & 10k start at 8:30 am  
**Entry Fee** : **Pre-Register by September 12th**, \$40 5K, \$50 10K, \$65 HALF  
 Includes tech shirt  
**After September 12th & Race Day**, \$45 5K, \$55 10K, \$70 HALF  
 Shirt not guaranteed  
**Course** : **Scenic trail run!** Steep course through the redwoods  
**Website** : Register @ [runsignup.com](http://runsignup.com). Info & directions @ [mtmadonnachallenge.com](http://mtmadonnachallenge.com)

*Like us on facebook.com/madonnachallenge*

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Mail completed form and check payable to South Valley Running Club to: South Valley Running Club, P.O. Box 323, San Martin, CA 95046-0323. For more race information call Kim Moyano at (408) 482-4918 or email [kim@svrhome.org](mailto:kim@svrhome.org).

<b>Name</b> _____		<b>Check Race Entered &amp; Gender</b>	
<b>Address</b> _____		<input type="checkbox"/> 5k	<input type="checkbox"/> 10k
<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____		<input type="checkbox"/> HALF	
<b>Email</b> _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>T shirt Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<b>Age on Race Day:</b> _____	
<b>How do you hear about this race?</b> <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Social Media <input type="checkbox"/> Email			

EMERGENCY CONTACT (Name and phone): \_\_\_\_\_

In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims and damages I may have against the sponsors, volunteers, medical staff, coordination groups, South Valley Running Club, SVE Timing and any other entities, volunteers and/or individuals associated with said event even though liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. None of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I also give permission for the free use of my name and picture in any broadcast, telecast, or print media account of the event. I understand that all participants must obey the lawful order of a police officer, safety official and medical staff. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions and responsibilities. Entry fees are NOT transferable and NON refundable.

Signature

Date

Parent/Guardian Signature If Under 18