



Stone Creek Community's 3rd Annual Spooky Striders 5K Run/Walk Oct. 30, 2026

To benefit Interfaith Emergency Services

REGISTRATION

Instructions for 5K Participants:

To register for this event go to <https://runsignup.com/race/fl/ocala/stonecreektennis5kspookystriderswalkrun>.

- Otherwise you can fill out this form and drop it off at Elan Spa with your check for \$35.00 payable to Stone Creek Tennis.
- **To guarantee a race shirt and goodie bag, registration must be received by October 9th.**

Participants will be emailed instructions to pick up race materials - including T-shirt and goodie bags a few days before the race.

- A map of the route will also be included. Participants are asked to check in between 8-8:30am the morning of the race. Check-in will end at 8:30am. Race starts at 9:00am.

Full Name: _____

Date of Birth: _____ Age: _____ Male ☐ Walker ☐
Female ☐ Runner ☐

DogWalker ☐

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Adult Unisex T-Shirt Size **(Add \$2.50 for 2XL, \$3.50 for 3XL)**

Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐

Additional shirt needed? Add an additional \$15.00 ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐

Dog with walker? Add an additional \$10.00 ☐

Total Amount \$ _____

Signature of Participant (or Parent/Guardian if under 18):

Date:

STONE CREEK COMMUNITY ASSOCIATION INC. 5K RACE LIABILITY WAIVER

Event Name: Stone Creek Annual Spooky Striders 5K Run/Walk • Date: Friday 10/30/2026.

Location: Stone Creek Community Association 6111 SW 89th Court Road Ocala, FL 34481

In consideration of my participation in the Stone Creek Spooky Striders 5K Run/Walk, I hereby agree to the following:

Assumption of Risk: I acknowledge that participating in the Stone Creek Community Association 5K Run/Walk involves inherent risks and that the Event is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but no limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; wet conditions, cold temperatures; traffic and the conditions of the road including surrounding terrain. PARTICIPANT MUST ENSURE HIS OR OWN HEALTH AND SAFETY PRIOR TO, DURING, AND AFTER THE RACE AND SHOULD CONSULT A PHYSICIAN PRIOR TO PARTICIPATION.

Release of Liability: I, for myself, my heirs, personal representatives, and assigns, hereby waive, release, and discharge the Stone Creek Community Association, its board members, officers, volunteers, event sponsors, and any other parties associated with the event from any and all claims, liabilities, and damages arising out of my participation in the 5K Run/Walk, including personal injury, death, or property damage, whether caused by the negligence of the released parties or otherwise. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Association and its agents, all Event volunteers or staff, their 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 persons or parties named in this waiver.

Medical Treatment: I consent to receive medical treatment deemed advisable by the Association and its agents, all Event volunteers or staff related to my participation in the Event in the case of injury, accident, or illness, whether perceived or actual.

Photographic Release & Refund Policy: I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this Event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the Event.

Acknowledgment: I have read this waiver, fully understand its terms, and sign it freely and voluntarily without any inducement.

Name (Please Print): _____

Signature: _____