

The Lexington County Sheriff's Foundation invite you to the Jailbreak Escape Urban Challenge Run.



DATE: Saturday, August 19, 2017

TIME: 8:00 AM

WHERE: Lexington County Sheriff's Department
521 Gibson Rd Lexington, SC
(Call 803-785-8230 for directions)

Awards will be given to the top three teams in each division: **Circle one**

Male Female Co-Ed

____ **I'm Competing** (Competing is a team that will finish every obstacle or have a time deduction if not completed and plans on winning 1st, 2nd or 3rd)

____ **I'm Completing** (Completing is a team that wants to support the Sheriff's Foundation and have a challenging fun time with no time deductions for not passing an obstacle. No awards will be issued for Completing)

RACE SCHEDULE

6:00 AM Packet Pickup & Late Registration

7:45 AM Late Registration Ends

8:00 AM Run Shotgun Start

AWARDS CEREMONY

Awards ceremony and refreshments immediately following the race

ENTRY FEE

Before 8/16/2017 \$60 2-Person Team \$35 Single Entry
8/16/2017 to Race Day \$70 2-Person Team \$40 Single Entry

(All single entries will be assigned a partner for the run)

Fees include t-shirt. Please note that participants registering after August 4, 2017 cannot be guaranteed a t-shirt. Entry fees are non-refundable and non-transferable.

**Please add an extra \$5 for 2XL shirts

EARLY PACKET PICKUP

When: August 18

Time: 12:00 PM - 6:30 PM

Where: Strictly Running 2515 Devine Street
Columbia, SC 29205

Phone: (803) 799-IRUN



*Professionally timed by Strictly Running, iSMB Jude
*Complete Results will be posted at www.strictlyrunning.com

QUESTIONS? CALL (803) 799-4786

The Lexington County Sheriff's Foundation is a registered non-profit 501(c)3 organization with the mission of improving the quality of life for the citizens of Lexington County and preserving the professional standards and safety of the employees of the Sheriff's Department through active citizen involvement.

Name: _____ Age: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Male: _____ Female: _____ Birth Date: _____

Partner's Name: _____ Please circle a shirt size: Size: **S M L XL 2XL**

WAIVER: "By signing this entry, I release any and all sponsors or representatives of the race from any claim of liability, illness, damage or injury suffered by me as a result of participation in or traveling to and from the event. I hereby certify that I am in good health and in sufficient physical shape and condition to complete this event."

Signature (guardian if under 18 years of age) _____

Register Online: www.strictlyrunning.com Mail: Strictly Running 2515 Devine Street Columbia SC 29205

Please make checks payable to: Lexington County Sheriff's Foundation / Jailbreak Escape

www.jailbreaklexington.com