Wuesthoff Health System
31st Annual
SET THE PACE
5K CLASSIC
Saturday, March 27, 2010

Location:

Wuesthoff Medical Center–Rockledge

Times:

5K Run/Walk	8:00
Kiddie Run	9:00
Awards Ceremony	9:15

Entry Fees:

Public	
Pre-Registered	$20.00
(Entry postmarked by March 19, 2010)	
Day of Race	$25.00
Wuesthoff Associates	
Pre-Registered	$18.00
(Entry postmarked by March 19, 2010)	
Day of Race	$20.00
Kiddie Run	Free

For more information visit www.wuesthoff.org

Benefitting the Wuesthoff Lymphedema Program

Wuesthoff HEALTH SYSTEM
Better Care for a Better Community.

Official Entry Form

Last Name | MI | First Name

Street Address (include apartment #, P.O. Box or C/O)

City | State | Zip | Sex (M F)

Birth Date (m-d-yr) | Age | Adult Shirt (S M L XL) | Phone Number

In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs, executors, rights and claims for damages which I may have or which I may hereafter accrue to me against the "Set The Pace" 5K 2010 or any subsidiary or political subdivision thereof, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with or entry or participation in the "Set The Pace" 5K 2010. If I should suffer injury or illness I authorize the officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all foregoing to use any photographs, video, motion picture, or any other record of the event for any purpose whatsoever.
I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING AT MY OWN RISK.

Signature **Date** **Parent/Guardian if under 18** **Birthdate**

☐ 5K Run/Walk

☐ Kiddie Run

☐ Wuesthoff Associate Number: _____

(must be checked to be eligible)

Make checks payable to:

Wuesthoff Health System Foundation

Mail completed entry form and check to:

Wuesthoff
Rehabilitation Services
attn: Set the Pace Classic

240 North Wickham Rd., St. 207
Melbourne, FL 32935