SPACE COAST OVARIAN/GYNECOLOGIC CANCER ALLIANCE
PRESENTS

The 12th Annual Sister Run 5K Run / Walk

SATURDAY, SEPTEMBER 11, 2010 AT 7:30 AM

Windover Farms * Melbourne, FL

TIMETABLE:

Friday, Sept. 10th – 10:00 a.m. – 6:30 pm
Packet Pickup & Registration at Running Zone across from Brevard Community College on Wickham Rd.

Saturday, Sept. 11th – Windover Farms

6:30 am	Packet Pickup & Registration
7:15 am	Late Registration Ends
7:30 am	5k Start!!!

*Awards Ceremony immediately following the race

Windover Farms: From Wickham Rd. go west on Post Road, approx. 1 mile turn right into Windover Farms – Pavilion on right

USATF CERTIFIED COURSE!

AMENITIES:

- ***T*-Shirts**
- **Door Prizes**
- **Race Packets**
- **Food and Drinks**

AWARDS:

Male & Female: Top 3 Overall, Top Masters (40+), Top Wheelchair

Age Groups (top 3 male & female)

10 & Under	30 - 34	55 - 59
11 - 14	35 – 39	60 - 64
15 - 19	40 - 44	65 - 69
20 - 24	45 - 49	70 - 74
25 - 29	50 - 54	75+

Please join us as we kick off Ovarian Cancer Awareness Month by participating in The Sister Run.

FEES:

5K Run/Walk $25.00

THE RACE WILL BE HELD RAIN OR SHINE EXCEPT IN THE EVENT OF LIGHTNING
No Shirt guarantee for registration after August 24, 2010
SORRY, NO REFUNDS

THE 12TH ANNUAL SISTER RUN REGISTRATION FORM OFFICIAL ENTRY FORM

Send completed entry form with fee to: **Space Coast Ovarian/Gynecologic Cancer Alliance – "SCOCA" – P.O. Box 501367 Malabar, FL 32950**
Make Checks Payable to: **"SCOCA"**

Name_____
Address _____
City _____ State _____ Zip _____
Phone (daytime) _____ Email address _____
Date of Birth _____/_____/_____ Age on Race Day _____
Sex: ☐ Male ☐ Female Please check shirt size: Sizes: ☐S ☐M ☐L ☐XL ☐XXL
Have you ever been diagnosed with Ovarian Cancer? ☐YES

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

I intend to be legally bound and do hereby for myself, my heirs, and executor, waive all rights and claims for damage which may occur to me against The Space Coast Ovarian/Gynecologic Cancer Alliance, Running Zone and other named sponsors of this event, or any subsidiary or political division thereof, it's officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from The Sister Run 5K though that liability may arise out of negligence or carelessness on behalf of the persons on this waiver. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

_____ _____ _____
SIGNATURE SIGNATURE OF PARENT FOR THOSE UNDER 18 DATE