

2012 Indialantic Soarin' Eagles 5K Run / Walk

Saturday, February 18th 8:00 AM
Indialantic Elementary School – Indialantic, FL

Race Management by:



TIMELINE:

Friday, February 17th 10:00 a.m. – 6:30 p.m.
Packet Pickup & Registration at **Running Zone**
across from Wickham BCC Pavilion

Saturday, February 18th – Indialantic Elem.
(Corner of Palm Avenue and Niemira Ave)
6:30 AM – Packet pick up / registration
7:45 AM – Late Registration ends
8:00 AM – Soarin' Eagle Start!!!
Awards Ceremony Immediately following race

AWARDS:

- Male and Female
- Overall – 1st, 2nd, 3rd
- Master's (Age 40+) – 1st
- Age Groups – 1st, 2nd, 3rd
- 8 & under, 9-11, 12-14, 15-19
- 20-24, 25-29, 30-34, 35-39
- 40-44, 45-49, 50-54, 55-59
- 60-64, 65-69, 70-74, 75+



FEES:

Registration (postmarked by 2/11)
Individual.....\$25
Kids (under 12).....\$15
Registration (after 2/11).....\$30
Race Day Registration.....\$35
Sorry, no refunds.

AMENITIES:

FREE Refreshments Post-Race
Cotton T-shirts guaranteed for first
300 registrants only.

Benefiting **Indialantic Elementary
PTO**



SOARIN' EAGLES 5K 2012

Make check payable to: **Indialantic Elementary PTO**

Send completed form and fee to: Soarin Eagle 5K c/o Indialantic Elem. 1050 North Palm Avenue, Indialantic, FL, 32903

Name: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: (daytime): _____ Email address: _____

Sex: _____ Male _____ Female Date of Birth _____/_____/_____ Age on Race day _____

Please check shirt size: _____ XS _____ S _____ M _____ L _____ XL _____ XXL

Kids registration: \$15 (Children 12 and under) _____ Youth M

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, wave all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers and supporters of this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Soarin' Eagles 5K event. 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 financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other recording of this event for any purpose of this 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