

# MIMA Cancer Center's Fourth Annual

## STARFISH STRUT



Presented by  
**MIMA Cancer Center**  
Medical and Radiation Oncologists

Joseph McClure, M.D.  
Robert Seelman, M.D.  
Kenneth Graff, M.D.  
Lee Scheinbart, M.D.  
James Neel, M.D.  
Simon Vinarsky, M.D.

Nanialei Golden, M.D.  
Anil Dhople, M.D.

10K run, 5K run/walk  
and kiddie run to benefit  
MIMA Foundation of Brevard, Inc.

**February 18, 2012**  
**Windover Farms, Melbourne**  
**7:00am check-in, 8:00am race start**

- Refreshments
- Door Prizes
- Awards
- Kids Activities



WORLD CLASS CANCER CARE  
RIGHT HERE IN BREVARD.

[www.mimacancercenter.com](http://www.mimacancercenter.com)

Thank you to our sponsors!



### ENTRY FEE (non-refundable)

\$25 per entry  
\$100 per family (up to 6 entries)

### REGISTRATION

Register and pay online at [mimacancercenter.com](http://mimacancercenter.com)  
or fill out this form and send with a check payable  
to the MIMA Foundation of Brevard, Inc. to:

Jill Duff, MIMA Foundation  
1130 Hickory Street  
Melbourne, FL 32901

**Questions, call 725-4500, ext. 7667**

10K run, 5K run/walk and kiddie run to  
benefit the MIMA Foundation of Brevard, Inc.  
[www.mimafoundation.org](http://www.mimafoundation.org)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_

Gender: \_\_\_\_ M \_\_\_\_ F

Event: \_\_\_\_ 10K Run \_\_\_\_ 5K Run/Walk

DOB \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Shirt size: \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL

### FREE Race t-shirt for 1st 200 to register!

In consideration of my entry form being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or may hereafter accrue to me against MIMA Cancer Center, MIMA or and any officers, agents, employees, representatives, successors, and assigns of each, as well as all sponsoring organizations and their representatives, for any and all damages or injuries which may be sustained or suffered by me in connection with any association or entry or participation in the Starfish Strut 5K Run & 1 Mile Walk. 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 that I am physically fit and have sufficiently trained for the competition of this event. 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 whatsoever.

I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Applicant or Parent/Guardian Signature  
(Applicants under the age of 18 need parental signature)