

10th Annual



The Rotary Club of Indialantic and the Town of Indialantic present the

# 10th Annual Witch Way 5K Walk/Run October 14, 2017

**FRIDAY, OCTOBER 13, 2017**

10:00 a.m. – 6:30 p.m. Early Packet Pickup & Registration  
at Running Zone



**RACE DAY – SATURDAY, OCTOBER 14, 2017**

4:15 p.m. Race Day Registration & Packet Pickup at Nance Park (A1A & 4th Ave.)

5:15 p.m. Race Day Registration Ends

5:30 p.m. 5K Start

6:30 p.m. Awards & After Party at Indialantic Long Doggers with  
Trick or Treating at Indialantic Businesses

Visit [www.WitchWay5K.com](http://www.WitchWay5K.com)  
for more information.

Proceeds to benefit: ■ Indialantic Beautification Programs

■ Brevard County Sheriff's Office Charity Inc.



**COURSE:** Posted on [www.WitchWay5K.com](http://www.WitchWay5K.com)

**ENTRY FEES:** (Sorry, no refunds)

**Thru October 13, 2017:**

Adults – \$27; Kids Under 12 – \$20

**Race Day October 14, 2017:**

Adults – \$32; Kids Under 12 – \$25

**AWARDS: MALE & FEMALE**

- Personal Record Challenge
- Overall – 1st, 2nd, 3rd
- Masters (40+) – 1st
- Age Groups – 1st, 2nd, 3rd

**AGE GROUPS:**

5-8	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+



## 10th Annual Witch Way 5K Walk/Run 2017 Official Entry Form

To register and pay by credit card, go to [RunningZone.com](http://RunningZone.com). To pay by check, complete this form and mail to Running Zone, 3696 N. Wickham Rd., Melbourne, FL 32935. Make checks payable to: **The Town of Indialantic**. For more information, email us at [witchway5K@indialantic.com](mailto:witchway5K@indialantic.com) or call 321-723-2242.

Date \_\_\_\_\_ Payment Type:  Cash  Check – Check # \_\_\_\_\_

DOB \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Gender:  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Shirt Size:  YM  S  M  L  XL (Sign up early – shirts can only be guaranteed for the first 650 entries.)

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 the Town of Indialantic, Running Zone Race Management, Inc., and the 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 Indialantic Witch Way 5K Run. If I should suffer injury or illness, I authorize the officials of the race to use 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 SIGNATURE OR 18 AND UNDER, PARENT/GUARDIAN SIGNATURE