

# 4<sup>th</sup> Annual Fly Fish 5K

5K Run & Walk Saturday, January 20, 2018 8:30 AM



Tying Shoes & Tying Flies
To Support Casting for Recovery – Florida

### **Packet Pickup & Registration:**

Friday, Jan. 19th 10:00 am – 6:30 pm Running Zone (3696 N Wickham Rd, Melbourne)

### Race Day:

Saturday, Jan. 20th 701 Columbia Blvd., Titusville, FL

7:30 am - Packet Pickup & Late Registration

8:15 am - Late Registration Ends

8:30 am - Race Start!!

### Awards:

M & F: Top 3 Overall, M & F Top Masters, Age Groups – Top 3 M-F 10 & Under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+ **Froceeds** from the Fly Fish 5K go to the **Casting for Recovery – Florida** Retreat: open to breast cancer survivors of all ages, in all stages of treatment and recovery and are free to participants.

Hosted by:



# South Titusville – Close to I-95 and 15 minutes from Cocoa

### **Amenities:**

- Finisher Medal
- T-Shirts Guaranteed to first 200 entrants
- Awesome giveaways after the race!

Fees: \$25 until January 15<sup>th</sup> \$30 January 16<sup>th</sup> – Race Day

More Info email: LBoisseau@gmail.com

## 4th Annual Fly Fish 5K - Official Registration Form

Register Online at secure.runningzone.com OR mail form to Running Zone, 3696 N. Wickham Rd., Melbourne, FL 32935 **Make Checks payable to** CfR-FL

Make Checks payable to CfR-FL				
Name				
Address	City	State 2	Zip Finish Line Management By:	
Phone (daytime)	Email		(C) 0 0 0 00 00	
Gender: Male Fe	emale Date of Birth/	Age on Race Da	C)	
T-Shirt Size (Adult)	S M L XL XXL			
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### **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, waive 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 Fly Fish 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 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 (or Parent / Guardian if under 18 yrs	) Date
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