

COPS & ROBBERS 5K

Sunday, May 20th, 2018 7:30 AM - Start MELBOURNE POLICE DEPT.

650 N Apollo Blvd, Melbourne, FL

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Friday, May 18th & Saturday, May 19th:

10 am-6:30 pm Friday and 10 am -5:00 pm Saturday:

Packet Pick Up and Registration at Running Zone

(3696 N. Wickham Rd., Melbourne)

Sunday, May 20th: (Race Site)

Melbourne Police Dept. (650 N Apollo Blvd)

6:15am: Packet Pick Up and Registration Begins

7:15am: Registration Closes

7:30am: 5K Starts

*Awards Ceremony following the race

Awards:

Top 3 M & F Overall, Top M & F Masters (40+),

Top 3 M & F in Age groups:

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, 75-79, 80+

REGISTER ONLINE: https://secure.runningzone.com

Take part in this unique event where the robbers (orange shirts) will get a 1 minute head start before the Cops (blue shirts) start running after them!

*Start times will be adjusted for accurate race results.

Amenities:

- **Breakfast sponsored by Jersey Mikes & Einstein Bagels**
- K-9 Demonstration after race
- **Fun Race-themed Photo Ops**
- **Best Robber Costume Contest**
- **Police Badge Awards to Top Finishers**
- **Awesome Tech Shirts!**

Fees: Until 5/19 **Race Day** \$25 \$30 **Adult Registration** Students (18 and under) \$20 \$25

No Refunds. Rain or shine.

RACE MANAGEMENT BY

OFFICIAL ENTRY FORM- Cops & Robbers 5K

Checks Payable to: Melbourne Police Foundation

Mail to: Cops & Robbers 5K, 3696 N. Wickham Rd., Melbourne, FL 32935					
Check One: 🔲 Robb	er Cop				
First Name:	Last Name:				



Check One: Robber Cop				
First Name:	Last Name:	Last Name:		
Address:	City:	State:	Zip:	
Phone Number:	Email:			
Sex: ☐ Male ☐ Female Date of Birth: _	/Age on Race	e Day:		
Unisex Technical Shirt:	□Small □ Medium □ Large □ X	L □xxl		
	Waiver			
In consideration of my entry being accepted, I intend to b may hereafter accrue to me against the sponsors, officials, or injuries which may be sustained and suffered by me in	, volunteers, and supporters of this race and any represe	entatives, successors, or as	ssigns for any and	d all damage

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 (Parent/Guardian if under 18)

Date