



Free CPR Day and 5K Run Saturday, June 13, 2015 Space Coast Stadium, Viera, FL

Be a Superhero. Learn to Save a Life.

Saturday, June 13, 2015 is the **Health First Free CPR Day and 5K Run**. This year we're adding more activities for the family as we focus on keeping our community healthy. The CPR training, 5K run/walk and all activities are **free** to the public. Registration is required to participate in the 5K run/walk and CPR training.

For Your Heart 5K Race Timeline
Packet Pickup & Registration
Thursday-Friday, June 11-12 at Running Zone
 (10 am until 6:30 pm)
 3696 N. Wickham Road, Melbourne, FL 32935

Saturday, June 13 – Space Coast Stadium
 5800 Stadium Parkway, Viera FL 32940
 6 am Packet Pickup & Registration
 6:45 am Registration Ends
 7 am 5k Start
 8:30 am CPR Training (register at www.HFcpr.org)

- Register Online at <https://secure.runningzone.com/cpr5k/>
- Or complete registration form and bring it to Running Zone or mail it to 3696 N. Wickham Road, Melbourne, FL 32935

- Free t-shirts
- Prizes to all children who come dressed as a Superhero
- See the First Flight helicopter land
- Kids' Activities
- Heart Healthy cooking demonstrations
- Physician lecture

FEES
This is a FREE event

Awards
 Top Overall Male and Female
 Top Masters (Age 40+)
 Top 3 Male and Female in Age Groups

8 & Under	20-24	40-44	60-64
9-11	25-29	45-49	65-69
12-14	30-34	50-54	70-74
15-19	35-39	55-59	75+



OFFICIAL ENTRY FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ Email Address _____

Date of Birth ____/____/____ Age on Race Day _____ Male Female

Please check shirt size: YM YL S M L XL XXL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

I intend to be legally bound and do hereby for myself, my heirs, and executor, waive all rights and claims for damage which may occur to me against Health First, Running Zone Race Management, Inc. and other named organizations of this event, or any subsidiary or political division thereof, its officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from the CPR Day 5K event though that liability may arise out of negligence or carelessness on behalf of the persons on this waiver. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility. 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

SIGNATURE OF PARENT FOR THOSE UNDER 18

DATE