

A Place for Grace



Labor of Love 5K

Saturday, September 5th, 2015

Harmony Town Square

7:30AM

RACE MANAGEMENT BY



TIMETABLE:

Friday, Sept 4th 10:00 am – 6:30 pm

Packet Pickup at Running Zone

(3696 N. Wickham Rd Melbourne, FL)

Saturday, Sept 5th – Harmony Town Square

(3500 Harmony Square, Harmony FL 34773)

6:30 am Packet Pickup & Registration Opens

7:15 am Late Registration Ends

7:30 am 5K Start!!!

*Awards Ceremony immediately following race

AMENITIES:

- Cool Race T-shirts
- Water & Refreshments
- Awesome Awards
- Unique Location
- Relaxing Course Layout

*Register Online at secure.runningzone.com

FEES:

Race Day

5K Adult \$25 \$30

5K Child (12& under) \$15 \$15

SORRY, NO REFUNDS

AWARDS:

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

Age Groups (Top 3 M & F)

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+

Visit us Online to learn more about
A Place For Grace

www.aplace4grace.com

**We would like to request that each runner and/or
participant bring a non-perishable item to be
distributed to the homeless**

Labor of Love 5K OFFICIAL ENTRY FORM

Send completed entry form with fee to: 895 Central Florida Parkway Orlando 32824

Make check payable to: A Place For Grace

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Date of Birth ____/____/____ Age on Race Day ____

Sex: Male Female Cotton Shirt Size: S M L XL XXL

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 Labor of Love 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 _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

DATE _____