

# RESCUE WARRIOR 5K



SATURDAY, MAY 23, 2015 • 0730

## RACE DAY SCHEDULE

7:00 AM Packet Pickup  
& Day of Race Registration at Dukes  
Smokehouse BBQ  
7:30 AM 5K Start

## RACE INFORMATION

**Beneficiary:** Rescue Special Functions Committee  
**After Race Party:** Blues & BBQ  
(free pulled pork sandwich for each registered runner)

### Contact:

Marcus Smith • 321.345.6334 - [rescuewarrior5k@outlook.com](mailto:rescuewarrior5k@outlook.com)  
Dukes Smokehouse Barbeque • 321-777-3853

# DUKE'S SMOKEHOUSE BARBEQUE

228 HWY A1A • SATELLITE BEACH, FL 32937

## GRUB & GOODS

- Duke's Smokehouse BBQ Lunch
  - Awesome Technical Shirts
  - Fun Race Packets
- Great Dog Tag Race Awards

## AWARDS

Top 3 Overall Individual M/F  
Top Masters (40+)M/F  
Awards 3 deep M/F  
8 & Under  
9 – 11, 12 – 14, 15 – 19  
and 5 year age groups thru 75+

## REGISTRATION FEES

Early (ends 05/1/15)  
Individual - \$22  
Timely (ends 05/22/15)  
Individual \$25  
Day of Race (05/23/15)  
Individual \$30



**SORRY NO REFUNDS, Make Checks payable to:  
Rescue Special Functions Committee**

ON-LINE REGISTRATION: [WWW.SECURE.RUNNINGZONE.COM/RESCUE-WARRIOR](http://WWW.SECURE.RUNNINGZONE.COM/RESCUE-WARRIOR)

Make Checks payable to: Rescue Special Functions

Rescue Warrior 5K

Mail or deliver checks with completed form to:  
Running Zone, Attn: Rescue Warrior 5K, 3696 N Wickham Rd Melbourne, FL 32935

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ GENDER: M F

Please Circle Shirt Size: Men's: S M L XL XXL Women's: XS S M L XL

### INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

**Waiver:** 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, officers, 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 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, video tapes, 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 if Under 18 \_\_\_\_\_

Date \_\_\_\_\_

