

# The 17<sup>th</sup> Annual Sister Run 5K Run / Walk

**SATURDAY, SEPTEMBER 5, 2015 AT 7:30 AM**

**Ryckman Park \* Melbourne Beach, FL**

## **TIMETABLE:**

**Friday, September 4th– 10:00 a.m. – 6:30 pm**

Packet Pickup & Registration at Running Zone across from Brevard Community College on Wickham Rd.

**Saturday, September 5th– Ryckman Park**

6:30 am Packet Pickup & Registration

7:15 am Late Registration Ends

7:30 am 5k Start!!!

Awards Ceremony immediately following the race

\* Ryckman Park: Between A1A and Riverside Drive next to Melbourne Beach Town Hall at 507 Ocean Avenue. Bring a lawn chair for after the race.

Register Online: <https://secure.runningzone.com/sisterrun5K>

## **AMENITIES:**

- T-Shirts
- Door Prizes
- Race Packets
- Food and Drinks

Race  
Management by



## **AWARDS:**

Male & Female: Top 3 Overall, Top Masters (40+), First Team to Finish,

Age Groups (top 3 male & female)

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

*Please join us as we kick off **Ovarian**  
**Cancer Awareness Month** by  
participating in **The Sister Run**.*

## **FEES:**

**5K Run/Walk \$25.00**

THE RACE WILL BE HELD RAIN OR SHINE EXCEPT IN  
THE EVENT OF LIGHTNING

No Shirt guarantee for registration after August 21, 2015  
**SORRY, NO REFUNDS**

## **THE 17<sup>TH</sup> ANNUAL SISTER RUN REGISTRATION FORM**

## **OFFICIAL ENTRY FORM**

Send completed entry form with fee to: **The Sister Run, PO Box 360032, Melbourne, FL 32936-0032 OR Register in person at Running Zone**

Make Checks Payable to: C.A.R.E. Cancer Support for Women

Name \_\_\_\_\_ Team: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_

Sex: ☐ Male ☐ Female Please check shirt size: Sizes: ☐S ☐M ☐L ☐XL ☐XXL

**Have you ever been diagnosed with Ovarian Cancer?** ☐YES

### **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 C.A.R.E., Running Zone or other named sponsors of this event, or any subsidiary or political division thereof, it's officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from The Sister Run 5K 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 \_\_\_\_\_