

SPRINT FOR SIGHT



Brevard Association for the Advancement of the Blind's
www.baabhelpfortheblind.org

Sprint for Sight 5th Annual 5K Run/Walk Saturday, November 7, 2015 4PM

Gleason Park

1233 Yacht Club Blvd. Indian Harbour Beach



Friday, November 6th at Running Zone:

3696 N. Wickham Rd., Melbourne

10am-6:30pm: Packet Pick Up & Late
Registration (cash/check only)

Saturday, November 7th at Gleason Park:

1233 Yacht Club Blvd. Indian Harbour Beach

2:30 PM: Packet Pick up and Late Registration

3:45 PM: Late Registration Ends

4:00 PM: 5K Starts!

*Awards Ceremony Immediately Following Race



Register Online:

<https://secure.runningzone.com/sprintforsight/>

Call: 321-773-7222 with questions

AMENITIES:

- The 5th Annual Sprint for Sight T-shirt
- Great Beachside location
- PRIZES
- FREE Refreshments
- Fun Race Packets
- D Tag Timing
- LIVE MUSIC
- Grand Prize Drawing

AWARDS:

Male and Female: Top 3 Overall and Top Masters (40+), Top Visual Impaired Participant,
Top 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, 75-80, 80+

FEES:	Until 10/31	11/1 and on
5k Run/Walk	\$22	\$25
Students	\$18	\$18
Visually Impaired	\$18	\$18
Sorry, No Refunds		

OFFICIAL ENTRY FORM **Sprint for Sight** 5k RUN/WALK

CHECKS PAYABLE TO: BAAB

MAIL TO: BAAB, ATTN: Sprint for Sight, 674 S. Patrick Dr. Satellite Beach, FL 32937

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SEX: MALE FEMALE DOB: __/__/__ AGE ON RACE DAY ____

SHIRT SIZE: ADULT X-SMALL ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XL ADULT XXL

RACE MANAGEMENT BY



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 (series) 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 Sprint for Sight 5K. 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 event. I hereby grant full permission to any and all of the foregoing to use any photographs, email, 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