



Visit www.WitchWay5K.com
for more information.

The Rotary Club of Indialantic and the Town of Indialantic present the

8th Annual Witch Way 5K Walk/Run October 10, 2015

FRIDAY, OCTOBER 9, 2015

10:00 a.m. – 6:30 p.m. Early Packet Pickup & Registration
at Running Zone



RACE DAY – SATURDAY, OCTOBER 10, 2015

4:15 p.m. Race Day Registration & Packet Pickup at Nance Park (A1A & 4th Ave.)

5:15 p.m. Race Day Registration Ends

5:30 p.m. 5K Start

6:30 p.m. Awards & After Party at Indialantic Long Doggers with
Trick or Treating at Indialantic Businesses

Proceeds to benefit: ■ Indialantic Beautification Programs

■ Space Coast Volunteers in Medicine ■ No Limits Academy



COURSE: Posted on www.WitchWay5K.com

ENTRY FEES: (Sorry, no refunds)

Thru October 9, 2015:

Adults – \$27; Kids Under 12 – \$20

Race Day October 10, 2015:

Adults – \$32; Kids Under 12 – \$25

AWARDS: MALE & FEMALE

■ Personal Record Challenge

■ Overall – 1st, 2nd, 3rd

■ Masters (40+) – 1st

■ Age Groups – 1st, 2nd, 3rd

AGE GROUPS:

5-8 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+



8th Annual Witch Way 5K Walk/Run 2015 Official Entry Form

To register and pay by credit card, go to RunningZone.com. To pay by check, complete this form and mail to Running Zone, 3696 N. Wickham Rd., Melbourne, FL 32935. Make checks payable to: **The Town of Indialantic.**

For more information, email us at witchway5K@indialantic.com or call 321-723-2242.

Date _____ Payment Type: Cash Check – Check # _____

DOB _____ Age on Race Day _____ Gender: Male Female

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Shirt Size: YM S M L XL (Sign up early – shirts can only be guaranteed for the first 650 entries.)

In consideration of my entry form being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or may hereafter accrue to me against the Town of Indialantic, Running Zone Race Management, Inc., and the officers, agents, employees, representatives, successors, and assigns of each, as well as all sponsoring organizations and their representatives, for any and all damages or injuries which may be sustained or suffered by me in connection with any association or entry or participation in the Indialantic Witch Way 5K Run. If I should suffer injury or illness, I authorize the officials of the race to use discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest that I am physically fit and have sufficiently trained for the competition of this event. 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 whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

APPLICANT SIGNATURE OR 18 AND UNDER, PARENT/GUARDIAN SIGNATURE