



## Exploration Tower 5K

### 8:00 AM Timed Run/Walk

## Exploration Tower 5K Run/Walk & Pink Ribbon Walk

Saturday, October 3  
Port Canaveral, Florida



**9:00 AM**

Untimed Walk

### Exploration Tower 5K be a timed event.

Registration is required



**Friday, October 2:**

**10am-6:30pm** Packet Pick Up and  
Registration at Running Zone (3696 N.  
Wickham Rd., Melbourne)

**Saturday, October 3:**

6:30am: Day of Registration and  
Packet Pick-up Begins

7:45am: Registration Closes

8am: 5k Run/Walk Begins

9:15am: Awards Ceremony

### A charity benefit in the fight against cancer!

T-shirts for all registered  
participants! While supplies last

Post-race Refreshments

**\$25 Race Fee for all  
participants**

**Vendors, Live Music, Beer  
Garden and more! Check out  
a full list of the day's events  
by visiting:**

**[www.VisitPortCanaveral.com](http://www.VisitPortCanaveral.com)**

**Have Questions? Email  
[PinkRibbonWalk5k@gmail.com](mailto:PinkRibbonWalk5k@gmail.com)**

### Pink Ribbon 5K Walk is an Untimed event.

Registration is required

**Saturday, October 3:**

7:30am: Day of Registration and  
Packet Pick-up Begins

8:45am: Registration Closes

8:50am: Zumba warm up

9am: Pink Ribbon Walk begins

### OFFICIAL ENTRY FORM

#### Exploration Tower 5K Run/Walk or Pink Ribbon Walk

Mail registration form with payment to: The Cove Merchants Association, PO Box 235, Cape Canaveral, FL 32920

Select Race: ☐ Exploration Tower 5K Run/Walk (8am start, timed race) ☐ Pink Ribbon Walk (9am start, untimed race)

First: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

(circle one) Male or Female Tshirt size: (circle one) Youth Medium Small Medium Large XL XXL

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Race Fee: \$25.00 \_\_\_\_\_ Additional donation: \$ \_\_\_\_\_

### WAIVER OF LIABILITY

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND HEREBY FOR MYSELF, HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGE I MAY HAVE AGAINST THE COVE MERCHANTS ASSOCIATION, THE CANAVERAL PORT AUTHORITY, CITY OF CAPE CANAVERAL, THE PINK RIBBON PORT FEST COMMITTEE, RUNNING ZONE RACE MANAGEMENT, INC., SPONSORS OR VOLUNTEERS, THEIR REPRESENTATIVES, SUCCESSORS, AND ASSOCIATION AND/OR PORT FEST AND/OR AGENTS AUTHORIZED BY THEM TO USE PHOTOGRAPHS, VIDEOTAPES, RECORDINGS, AND ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. I ALSO GIVE FULL PERMISSION FOR SUCH FIRST AID DEEMED NECESSARY TO BE PROVIDED TO ME AND/OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO HOSPITAL FOR FURTHER TREATMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if participant is under 18)