



Exploration Tower 5K
8:00 AM Timed Run/Walk

**Exploration Tower
 5K Run/Walk
 & Pink Ribbon
 Walk**
 Saturday, October 3
 Port Canaveral, Florida



Exploration Tower 5K Run/Walk will 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

Have Questions? Email 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)