



**Saturday, January 9th,
2016 8:00 AM**
Spyglass/Jack Mahon Park,
Melbourne

Friday, January 8th:
Running Zone
3696 N. Wickham Rd. ,Melbourne
 10am-6:30pm: Packet Pick Up and Registration

Saturday, January 9th:
Spyglass/Jack Mahon Park, Melbourne
7550 Spyglass Hill Rd, Melbourne, FL 32940
 6:45am: Registration and Packet Pick Up Begins
 7:45am: Registration Closes
 8:00am: 5K Begins
 9:00am: Kids Fun Run
 9:15am: Awards Ceremony

Questions?
 Email: media@bluewatercreativegroup.com



AMENITIES:

- Start 2016 off right!
- Course meanders through lakefront nature preserve
- Kicks off Fun Fitness Fair which features bounce houses, food trucks and fitness/health exhibits
- Shirts for all participants registered by 12/15/15

FEES:

Adult:	\$25	\$30
Child (12 & Under)	\$20	\$30

No Refunds

AWARDS:
 Male and Female awards for Top 3 Overall, Top Masters (40+), Top 3 in the following age groups:
 0-8, 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+

OFFICIAL ENTRY FORM
Viera Medical Mile 5K

Checks Payable to: Bluewater Foundation, Inc.
 Mail to: 7630 N. Wickham Road, Suite 105
 Viera, Florida 32940

Name: _____ Date of Birth: ____/____/____ Age on Race Day: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gender: (circle one) Male or Female

Unisex Technical Shirt Size (circle one): Youth Medium Small Medium Large XL XXL

WAIVER OF LIABILITY

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

SIGNATURE (Parent/Guardian if under 18)

Date