



RUN FOR THE RESPONDERS

2nd Annual 5K

Run or Walk

SUNDAY MAY 15th, 2016 AT 8:00 AM

Wickham Park, Pavilion #4



TIMETABLE:

Friday, May 13th 10:00 am – 6:30 pm &

Saturday, May 14th 10:00 am – 5:00 pm

Packet Pickup & Registration at **Running Zone** 3696 N. Wickham Rd.
Melbourne FL.

Sunday, May 15th – Wickham Park

Wickham Park 2500 Parkway Drive, Melbourne, FL 32935

(The start will be in the back of the park, pavilion #4)

6:30 am Packet Pickup & Registration

7:45 am Late Registration for 5k ends

8:00 am 5k Start

Awards Ceremony following the race

Proceeds benefit Families of the Shield, Inc.!

(www.familiesoftheshield.org)

****Rain or Shine****

Bring the whole family for a fun morning at Wickham Park!!

- **Register Early Tech shirts for those registered by 5/2/16**
- **Snacks and beverages provided**
- **Sign up online at Running Zone or Familiesoftheshield.org**

AWARDS:

M-F: Top 3 Overall, Top Masters (40+),

Age Groups (Top 3 M-F)

8 & Under, 9-11, 12-14, 15-19, 20-24, 25-29, 30-34, 35-39,
40-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75+

FEES:	Until 5/2/16	After 5/2/16
5K Run/Walk	\$25.00	\$30.00
Students 18 & Under	\$20.00	\$25.00

SORRY, NO REFUNDS

RUN FOR THE RESPONDERS 5K OFFICIAL ENTRY FORM
Send completed entry form and check payable to: **Families of the Shield, Inc.**
3696 N. Wickham Rd. Melbourne FL 32935

Race Management by



Name _____
Address _____ City _____ State _____ Zip _____
Phone (daytime) _____ Email address _____
Sex: ☐ Male ☐ Female Date of Birth ____/____/____ Age on Race Day ____
Fire or Police (circle one) Station _____

Please check Tech shirt size: Sizes: ☐YM ☐S ☐M ☐L ☐XL ☐XXL

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 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 Run for the Responders 5K event. 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 race. 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 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 _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMERS SERVICES BY CALLING 1-800-433-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE REGISTRATION NUMBER FOR THE FAMILIES OF THE SHIELD, INC. IS: 27-1632799. NO PROFESSIONAL SOLICITORS ARE RETAINED IN THE FUNDRAISING ACTIVITIES OF THE FAMILIES OF THE SHIELD, INC. ALL DONATIONS ARE TAX DEDUCTIBLE.