



**Health
First**

CPR DAY 5K

June 4th

7:00 am

**Space Coast Stadium
Melbourne, FL**

TIMETABLE:

**Thursday June 2nd & Friday, June 3rd
at Running Zone**

(10 am until 6:30 pm)

Packet Pickup & Registration

3696 N Wickham Road, Melbourne, FL 32935

Saturday, June 4th– Space Coast Stadium

5800 Stadium Parkway Melbourne, FL 32940

5:45 am Packet Pickup & Registration**

6:45 am Registration Ends

7:00 am 5k Start!!!**

** If picking up race packet Saturday morning, please allow plenty of time! It is encouraged to pick up race packets at Running Zone before Race Day.

- Register Online at <https://secure.runningzone.com/cpr5k/>
- Or Complete Registration Form and turn into Running Zone or mail to 3696 N Wickham Rd Melbourne, FL 32935

Amenities:

- Heart-healthy cooking demonstrations
- Pizza Gallery & Grill be will hosting the "Magic" Pizza Oven for the kids
- Free personal pizza from Pizza Gallery & Grill to everyone that completes CPR training on Saturday.

FEES:

This is a FREE event!!!!!!

Awards:

Top Overall Male & Female,

Top Masters (Age 40+)

Top 3 Male & Female in Age Groups

8 & Under	20-24	40-44	60-64
9-11	25-29	45-49	65-69
12-14	30-34	50-54	70-74
15-19	35-39	55-59	75+

OFFICIAL ENTRY FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ Email address _____

Date of Birth ____/____/____ Age on Race Day _____ Sex ☐ Male ☐ Female

Please check shirt size ☐YM ☐YL ☐S ☐M ☐L ☐XL ☐XXL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

I intend to be legally bound and do hereby for myself, my heirs, and executor, waive all rights and claims for damage which may occur to me against Health First, Running Zone Race Management, Inc. and other named organizations of this event, or any subsidiary or political division thereof, its officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from the CPR Day 5K event though that liability may arise out of negligence or carelessness on behalf of the persons on this waiver. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility. 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.

RACE MANAGEMENT BY



SIGNATURE _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

DATE _____