

SCHEDULE:

FRIDAY, MAY 20, 2016:

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

SATURDAY, MAY 21, 2016

The Hangar: 228 Hwy A1A, Satellite

Beach, FL

6:30am: Packet Pick up and Race Day

Registration at Race Site

7:30am: 5K Start

*Awards Ceremony immediately after race

BENEFITS:

RESCUE SPECIAL FUNCTIONS COMMITTEE

CONTACT:

MARCUS SMITH, 321-345-6334 RESCUEWARRIOR5K@OUTLOOK.COM



228 Hwy A1A, Satellite Beach, FL

SATURDAY, MAY 21, 2016 0730

GRUB & GOODS

- *NEW THIS YEAR* Team Division!
- Awesome Technical Shirts
- Fun Race Packets
- Dog Tag Race Awards

AWARDS

Top 3 Overall M & F, Top Masters (40+) M & F, Top 3 M & F 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+

Top 3 Teams (Co-ed, minimum 4 people on team), Largest Team Participation Award

REGISTRATION FEES

Until Sat 4/30: \$25 per person

5/1/16 - Race Day: \$30 per person

NO REFUNDS

REGISTER ONLINE UNTIL 5/19/16 AT 1159

https://runningzone.rsupartner.com/rescuewarrior

OFFICIAL ENTRY FORM RESCUE WARRIOR 5K CHECKS PAYABLE TO: Rescue Special Functions Committee MAIL TO: Running Zone, 3696 N Wickham Rd, Melbourne, FL 32935					RACE MANAGEMENT BY		
FIRST NAME: LAST NAME:							32
		_/ AGE ON RA					
ADDRESS		CITY			_ STATE	_ ZIP	_
PHONE		EMAIL					
SHIRT SIZE (UNISEX):	ADULT SMALL						
TEAM NAME							
In consideration of my entry	being accepted, I inter	0,	and hereby for mysel	f, my heirs, an	d executors, wai	•	

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 (series) 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 Rescue Warrior 5K. 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 event. I hereby grant full permission to any and all of the foregoing to use any photographs, email, 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