



Health First
Health Plans

Presented by:

Dríven by:



Race Beneficiary:



Tues. May 9<sup>th</sup> – Fri. May 12<sup>th</sup> 10:00am-6:30pm Packet Pickup & Registration at Running Zone (3696 N. Wickham Road ,Melbourne, FL) across from the King Center on Wickham Road

Sat. May 13<sup>th</sup> - Wickham Park Community Center

(2785 Leisure Way, Melbourne, FL)

6:00am Packet Pickup & Registration

6:45am Late Registration ends

7:00am 5K Starts!

8:15am Kid's Run with Zippy - FREE!

\*Awards Ceremony immediately following all races

AWARDS: M-F: Top 3 Overall, Top Masters Age Groups – Top 3 M-F

8 & Under, 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. 75-79. 80+

## **Amenities:**

- 14th Anniversary Celebration Party
- Pancakes & Eggs after the race
- Strawberries & Champagne at the finish
- Birthday Cake
- Random Giveaway of a Dell Laptop
- Zippy the Gecko Mascot to lead the Kid's run

FEES: Until May 12<sup>th</sup> Race Day 5K Run/Walk \$30 \$35
Team \$25 N/A

\*\* subtract \$5 from registration for the NO SHIRT option 12 & Under \$15 \$20

Sorry, No Refunds.

Register ONLINE at runningzone.com/sei	ries	
Run for the Gecko 5K OFFICIAL ENTRY FORM	<ul> <li>Make check payable to:</li> </ul>	Running Zone

Mail to: Running Zone 3696 N. V Name	Vickham Road, Melbourne, FL 32935	J		
Address	City	 State	Zip	
Phone (required)	Email address (require	ed)		
Sex: □ Male □ Female	Date of Birth//	Age on Race Day _		
Open Team Name	(min. of 5	team members with one person o	f opposite sex)	
School Team Challenge: (Elementary and Middle Schools Students Only)				
Please check Gender sp	pecific shirt Sizes: Men's: $\Box S \Box M$	$\square L \square XL \square XXL$	□ NO SHIRT	
	Women's: $\Box S \Box M$	$\square L \square XL \square XXL$		
Kid's Registration: □ \$1	15.00 (Cotton T-shirt)	□ Adult Small		

## 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 Running Zone Race Series 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, emails 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 if under 18









Date

















