



SPRINT FOR SIGHT



**PLATINUM
SPONSOR:**



Brevard Association for the Advancement of the Blind

6th ANNUAL 5K RUN/WALK

www.baabhelpfortheblind.org

SATURDAY NOVEMBER 5, 2016 AT 4:00 PM

**Gleason Park, 2055 South Patrick Drive
Indian Harbour Beach, FL 32937**

TIMETABLE:

Friday, 11/04/16 — 10:00 AM—6:30 PM

Saturday, 11/05/16 — 10:00 AM—1:00 PM

Packet Pickup & Late Registration at Running Zone
Across from The King Center

Saturday, 11/05/16 — Gleason Park

2:30 PM Packet Pickup & Late Registration

3:45 PM Late Registration for 5K ends

4:00 PM 5K Starts!!!

AMENITIES:

- The 6th Annual Sprint for Sight T-shirt
- Great Beachside location
- PRIZES!!!!
- FREE Refreshments
- Fun Race Packets
- D-tag scoring
- **Live Music**
- **Grand Prize Drawing**

SPRINT FOR SIGHT 5K OFFICIAL ENTRY FORM:

BAAB—ATTN: Sprint for Sight, 674 S. Patrick Drive, Satellite Beach, FL 32937

Team Name _____
(Minimum 5 members on a team with at least one of the opposite sex)

First Name: _____

Last Name: _____

Address: _____

City: _____ ST _____ Zip _____

Phone (daytime) _____

Email address: _____

Sex : Male Female Visually Impaired _____

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

Please check shirt size: XS S M L XL XXL

AWARDS: Medals and Prizes for

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

Top Team awarded a plaque

Age Groups Medals Top 3 M-F each group

8 & under	30—34	60—64
9—11	35—39	65—69
12—14	40—44	70—74
15—19	45—49	75—79
20—24	50—54	80+
25—29	55—59	

FEES:	Until 10/29	After 10/29
5K Run/Walk	\$22.00	\$25.00
Students	\$18.00	\$18.00

RACE MANAGED BY:



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 for 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 participant in the Sprint for Sight 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 _____