



OUTRUN THE SUN 2 MILER

Viera Pro Health & Fitness Center

May 14th, 7:30am Start

Friday, May 13th:
Running Zone
 (3696 N. Wickham Rd., Melbourne)
10am-6:30pm:
 Packet Pick Up and Registration

Saturday, May 14th:
Viera Pro Health & Fitness Center
 (8705 Wickham Rd., Viera)
6:30am: Packet Pick Up and Registration Opens

7:15am: Packet Pick Up and Registration Closes

7:30am: 2 Miler Starts

*awards immediately after the race

RACE MANAGEMENT BY


Come Outrun the Sun 2 Miler
Helping to Raise Awareness about
Melanoma

Amenities:

- Race shirts guaranteed for those registered by May 1st
- Post race refreshments for finishers
- Great give-aways!

Fees:

Thru Friday	May 13th	\$15
Race Day,	May 14th	\$20

Awards:
 Top 3 M & F Overall, Top Masters, Top 3 in each Age Group:

8 & Under	20-29	60-69
9-11	30-39	70-79
12-14	40-49	80 & Older
15-19	50-59	

OFFICIAL ENTRY FORM Make checks payable to: Health First
Mail to: Outrun the Sun c/o Running Zone, 3696 N. Wickham Rd, Melbourne, FL 32935

Name _____

Address _____ City _____ State _____ Zip _____

Phone (daytime) _____ Email address _____

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

Please check shirt size YM Adult Sizes: 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 Outrun The Sun 2 Mile 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.

SIGNATURE

SIGNATURE OF PARENT FOR THOSE UNDER 18

DATE