

# Odyssey Charter School Presents: *Clash of the Titans 5K*

Saturday, April 1<sup>st</sup>, 2017

**6:00 pm Start**

Field of Dreams Park (new venue)

3053 Fell Road, West Melbourne

(Across Minton Road from Calvary Chapel)



## AMENITIES:

- Beautiful course from Field of Dreams Park
- Prizes for Top Finishers
- Fun Race After Party
- Healthy Race Packet Goodies

## FEES:

**Sorry, NO Refunds.**

**Before Race Day    Race Day 4/1**

<b>Adults</b>	<b>\$25</b>	<b>\$30</b>
<b>Kids (12 &amp; Under)</b>	<b>\$20</b>	<b>\$25</b>

## TIME TABLE:

**Friday, March 31<sup>st</sup>:** Running Zone - 3696 N. Wickham Rd. Melbourne

10am – 6:30pm    Packet Pickup & Registration

**Saturday, April 1<sup>st</sup>:**    Field of Dreams Park  
3053 Fell Road, West Melbourne

4:45 pm    Race Site Packet Pickup & Registration Opens

5:45 pm    Late Registration Closes

6:00 pm    5K Start

*\*Awards Ceremony following the race*

## AWARDS:

M-F: Top 3 Overall,  
Top Masters (40+),  
Age Groups (Top 3 M-F):

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	

## *Odyssey Charter School 5K - Official Entry*

Check payable to **Odyssey Charter School**

Please send completed entry form and race fee to: **Running Zone - 3696 N Wickham Rd Melbourne, FL 32935**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Email address \_\_\_\_\_

Sex: ☐ Male ☐ Female    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_

Please check shirt size: Sizes: ☐ YS ☐ YL ☐ S ☐ M ☐ L ☐ XL



### **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 Odyssey Charter School 5K Run/Walk. 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 \_\_\_\_\_