



Fight Child Hunger 5K, Run, Walk & Wheels

INAUGURAL EVENT

Saturday, January 14, 2017 (8 a.m. START)

Health First Viera Hospital Plaza

8745 N Wickham Rd, Viera, FL 32940

*Bring the whole family for a fun morning!
Raise awareness of the efforts to fight childhood hunger by
The Children's Hunger Project and the Sharing Center of Central Brevard.*

TIMETABLE

Friday, January 13 from 10 a.m. to 6:30 p.m.

Packet Pickup & Registration at Running Zone

(3696 N. Wickham Rd, Melbourne)

Saturday, January 14 at Health First Viera Hospital Plaza

(8745 N. Wickham Rd, Viera)

6:45 a.m. — Packet Pickup & Registration Opens

7:45 a.m. — Late Registration for 5K Ends

8 a.m. — 5K Run*

9 a.m. — Free Walk & Wheels Fun Run (Approx. 1 Mile)

**Awards ceremony immediately follows race.*

5K AWARDS

Male & Female: Top 3 Overall, Top Masters (40+),
Age Groups (Top 3 Male & Female):

8 & Under	25 - 29	50 - 54	75+
9 - 11	0 - 34	55 - 59	
12 - 14	35 - 39	60 - 64	
15 - 19	40 - 44	65 - 69	
20 - 24	45 - 49	70 - 74	

FEES

	Until Jan. 13	Event Day Jan. 14
Adults	\$10	\$15
Youth 6-18 yrs.	\$5	\$10

Children 5 and under Free!

Sorry, No Refunds

OFFICIAL 5K ENTRY FORM

Fight Child Hunger 5K, Run, Walk & Wheels

OFFICIAL 5K ENTRY FORM

Send completed entry form to: Running Zone - 3696 N Wickham Rd, Melbourne, FL 32935

Make check payable to: **Fight Child Hunger 5K**

First _____ Last _____ Phone (daytime) _____

Address _____ City _____ State _____ Zip _____

Email address _____ Sex: Male Female

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

Please check shirt size: YM S M L XL XXL



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 Fight Child Hunger 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/GUARDIAN (FOR THOSE UNDER 18) _____

DATE _____

Benefitting:



To learn more visit: Health-First.org