



RACE THE SUN 5K

Health First Viera Hospital

April 29th, 7:30am Start

Saturday, April 28th:
Running Zone
 (3696 N. Wickham Rd., Melbourne)
10am-5:00pm:
 Packet Pick Up and Registration

Sunday, April 29th:
Health First Viera Hospital
 (8745 N. Wickham Rd., Viera)
6:30am: Packet Pick Up and Registration Opens

7:15am: Packet Pick Up and Registration Closes

7:30am: 5K Starts

*awards immediately after the race



Come Race the Sun 5K
To Help Raise Awareness about
Melanoma

Amenities:

- Race shirts guaranteed for those registered by April 14th
- Post-race refreshments for finishers
- Great giveaways

THIS IS A FREE EVENT

Awards:

Top 3 M & F Overall, Top Master M & F, Top 3 M & F in each age group:

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

OFFICIAL ENTRY FORM **THIS IS A FREE EVENT**

Mail to: Race The Sun 5k 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

How did you hear about the race? Newspaper Mailed to House Facebook Running Zone Email

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 Race The Sun 5k 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