



Fight Child Hunger 5K Run/Walk

Saturday, January 12th, 2019

8:00 AM START

Viera High School

6103 Stadium Parkway, Melbourne

*FREE pancake
breakfast for all
participants!*

TIMETABLE:

Friday, January 11th – 10:00 AM – 6:30 PM

Packet Pickup & Registration at *Running Zone*
(3696 N. Wickham Rd, Melbourne)

Saturday, January 12th – Viera High School

(6103 Stadium Parkway, Melbourne)

6:45 AM Packet Pickup & Registration Opens

7:45 AM Late Registration for 5K Ends

8:00 AM 5K Run Start*

*Awards ceremony immediately follows race.

FEES:

Until 1/11

Race Day (1/12)

Adults

\$25

\$30

Youth 12 & under

\$15

\$20

Sorry, No Refunds.

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

To learn more visit: www.fightchildhunger5k.org

All participants will receive a pancake breakfast after the race!

AWARDS:

Top 3 Teams (min. of 5 people w/ at least one of opposite sex)

Top School Participation

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

Age Groups (Top 3 M-F):

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

Fight Child Hunger 5K 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**

RACE MANAGEMENT BY



First _____ Last _____

Address _____ City _____ State _____ Zip _____

Email address _____ Phone _____

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

School: _____

Team Name: _____ (min. of 5 people w/ at least one of opposite sex)

Shirt Size: YS YM YL 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

Presented by:

