



ARMED FORCES DAY RESCUE 5K

SATURDAY, MAY 18TH, 2019

START – 0730



THE AVENUE VIERA
2261 TOWN CENTER AVE
(START AND FINISH BY PIZZA GALLERY AND BOOKS-A-MILLION)

\$30 PER PERSON THROUGH 5/17/19, \$35 DAY OF RACE

INCLUDED IN REGISTRATION FEE

- RACE T-SHIRT
- SPONSOR SWAG
- RACE THEMED DOG TAGS
- BREAKFAST AND BEVERAGES

AWARDS FOR TOP 3 OVERALL MALE & FEMALE FINISHERS, TOP 3 MALE & FEMALE AGE GROUP FINISHERS, TOP MALE & FEMALE MASTERS (+40) FINISHERS

LIVE MUSIC, 21+ TENT, COMMUNITY FAIR AND SILENT AUCTION TO FOLLOW!

REGISTER ONLINE AT: [HTTPS://SECURE.RUNNINGZONE.COM/](https://secure.runningzone.com/)

RACE PACKET PICK-UP AT RUNNING ZONE, MAY 17TH: 1000-1830 OR THE AVENUE, DAY OF RACE: 0615-0715.

FOR MORE INFORMATION, PLEASE EMAIL: RUNARMEDFORCESDAY5K@GMAIL.COM OR CALL ROBIN AT 703-217-4990.

PROCEEDS GO TO THE MILITARY AFFAIRS COUNCIL AND THE RESCUE SPECIAL FUNCTIONS TO SUPPORT LOCAL MILITARY FAMILIES.

OFFICIAL ENTRY FORM **Armed Forces Day Rescue 5k**

CHECKS PAYABLE TO: Rescue Special Functions Committee

MAIL TO: Running Zone, 3696 N Wickham Rd, Melbourne, FL 32935

FIRST NAME: _____ LAST NAME: _____

SEX: ☐ MALE ☐ FEMALE DOB: ____/____/____ AGE ON RACE DAY ____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SHIRT SIZE (UNISEX): ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE ☐ ADULT XL ☐ ADULT XXL

RACE MANAGEMENT BY



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 (series) 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 Armed Forces Day Rescue 5k. 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 event. I hereby grant full permission to any and all of the foregoing to use any photographs, email, 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 _____