

12th Annual



Town of Indialantic presents the

12th Annual Witch Way 5K Walk/Run October 12, 2019

FRIDAY, OCTOBER 11, 2019

10:00 a.m. – 6:30 p.m. Early Packet Pickup & Registration
at Running Zone

RACE DAY – SATURDAY, OCTOBER 12, 2019

4:15 p.m. Race Day Registration & Packet Pickup at Nance Park (A1A & 4th Ave.)

5:15 p.m. Race Day Registration Ends

5:30 p.m. 5K Start

6:30 p.m. Awards & After Party at Indialantic Long Doggers
with Trick or Treating at Indialantic Shopping Center



Visit www.WitchWay5K.com
for more information.

Proceeds to benefit: ■ Indialantic Beautification Programs
■ SPCA

COURSE: Posted on www.WitchWay5K.com

ENTRY FEES: (Sorry, no refunds)

Thru October 11, 2019:

Adults – \$25; Kids Under 12 – \$15

Race Day October 12, 2019:

Adults – \$30; Kids Under 12 – \$20

AWARDS: MALE & FEMALE

- Overall – 1st, 2nd, 3rd
- Masters (40+) – 1st
- Age Groups – 1st, 2nd, 3rd
- Team - must be coed &
consist of 5 runners/walkers

AGE GROUPS:

5-8	9-11	12-14	15-19
20-24	25-29	30-34	35-39
40-44	45-49	50-54	55-59
60-64	65-69	70-74	75-79
80+			



12th Annual Witch Way 5K Walk/Run 2019 Official Entry Form

To register and pay by credit card, go to RunningZone.com. To pay by check, complete this form and mail to Running Zone, 3696 N. Wickham Rd., Melbourne, FL 32935. Make checks payable to: **The Town of Indialantic**.
For more information, email us at witchway5K@indialantic.com or call 321-723-2242.

Date _____ Payment Type: Cash Check – Check # _____

DOB _____ Age on Race Day _____ Gender: Male Female

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Team Name _____

School Participation _____

Shirt Size: YM YL S M L XL XXL

Dogs will not be permitted.

*T-Shirt Disclaimer: **Only Racers who register on or before Sept. 23rd** can be guaranteed a racer shirt.
Shirts have to be ordered two weeks prior to race day.*

In consideration of my entry form being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or may hereafter accrue to me against the Town of Indialantic, Running Zone Race Management, Inc., and the officers, agents, employees, representatives, successors, and assigns of each, as well as all sponsoring organizations and their representatives, for any and all damages or injuries which may be sustained or suffered by me in connection with any association or entry or participation in the Indialantic Witch Way 5K Run. If I should suffer injury or illness, I authorize the officials of the race to use discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest that I am physically fit and have sufficiently trained for the competition of this event. 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 whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

APPLICANT SIGNATURE OR 18 AND UNDER, PARENT/GUARDIAN SIGNATURE