Health First's Free Save a Life Day & 5K

Health First wants you to be prepared to save a life.
Free CPR and Stop the Bleed Training.

Saturday, June 15 – Viera High School

6103 Stadium Parkway, Melbourne, FL 32940

5:45 a.m.	Packet pickup and registration
6:45 a.m.	Registration ends
7 a.m.	5K start
8 a.m.	Family activities begin
8:30 a.m.	Training begins

- Register online at **HF.org/savealife**
- Packet pickup and registration is
  Friday, June 14 from 10 a.m. to 6:30 p.m.
  at the Running Zone, located at
  3696 N. Wickham Road, Melbourne, FL 32935

Training is American Heart Association's "Family & Friends CPR" and is not job certification training.

All events are free. Participants receive a free t-shirt. Registration is required.

Awards

Top 3 Overall Male & Female,

Top Masters (Age 40+)

Top 3 Male & Female in Age Groups:

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

Official Entry Form *incomplete or unsigned entry forms will not be accepted*

First Name: _____ Last Name: _____

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

Ingredients: _____

Phone (daytime): _____ Email Address: _____

Please check shirt size: ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Select event(s): ☐ Save a Life Training ☐ Save a Life 5K ☐ Both Save a Life Training and 5K

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 Save a Life Day 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