PRESENTED BY:
Health First Dermatology

RACE THE SUN 5K
Health First Viera Hospital
April 18th 2020, 7:30 AM Start

Friday, April 17th:
Running Zone
(3696 N. Wickham Rd., Melbourne)
10 AM – 6:30 PM:
Packet Pick Up and Registration

Saturday, April 18th:
Health First Viera Hospital
(8745 N. Wickham Rd., Viera)
6:30 AM: Packet Pick Up and Registration Opens

7:15 AM: Packet Pick Up and Registration Closes

7:30 AM: 5K Starts

*Awards immediately after the race

RACE MANAGEMENT BY RUNNING ZONE

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

Amenities:
- Race shirts guaranteed for those registered by April 1st
- Post-race refreshments for finishers

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

FIRST NAME: _____ **LAST 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