

AKTIVE LEGACY 5K

Saturday, February 18, 2023

7:30 AM – 5K Start

Viera Regional Park – Rotary Pavilion

2300 Judge Fran Jamieson Way

Melbourne, FL

To Benefit: Pink Ivy Corporation, a 501(c)3 charitable organization. Our purpose is to support academic scholarships, programs for the elderly, educational programs, and other programs to aid those in need.

Timetable:

Friday, February 17th: Running Zone

(3696 N. Wickham Rd, Melbourne)

10:00 AM - 6:30 PM: Packet Pickup and Registration

Saturday, February 18th: Viera Regional Park – Rotary Pavilion (2300 Judge Fran Jamieson Way)

6:15 AM: Registration & Packet Pickup Opens

7:15 AM: Registration & Packet Pickup Closes

7:30 AM: 5K Start!

Awards:

Top 3 Overall M & F

Top Masters (40+) M & F

Top 3 M & F in each Age Group: 9 & under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Race Amenities:

- Cool T-shirts
- Event Medals
- Food & Beverages after the race
- Finisher Medals

Fees:	Regular	Late (2/17 & 2/18)
Adult	\$35	\$40
Child (12 & Under)	\$25	\$30

*Children under 5 who are riding in a stroller do not need to register

Sorry, no refunds

Register online at www.runningzone.com



AKTIVE LEGACY 5K Official Entry

Mail entry form with fee to: *Running Zone - 3696 N. Wickham Rd, Melbourne, FL 32935*

Make check payable to: Pink Ivy Corporation

☐ Adult 5K ☐ Child 5K:

Name: _____

Sex (circle 1): Male Female **Age on Race Day:** _____ **Date of Birth:** ____ / ____ / ____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Shirt Size (circle one): Small Medium Large XLarge XXLARGE No Shirt option (save \$5)

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 AKTive legAcy 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 IF UNDER 18

DATE

