

TEAM UP FOR PARKINSON'S DISEASE 5K RUN / 1K WALK

Saturday, April 29th, 2023 8 AM - Start

Brevard Veterans Memorial Center 400 S Sykes Creek Pkwy, Merritt Island, FL

Race Amenities:

- T-shirts for 5K participants (guaranteed if registered by 4/10)
- Unique Finisher Medal for all participants!
- Post-race food and beverage

5K Awards:

Top 3 Overall M & F, Top Masters (40+) and Age Groups (Top 3 M & F):

8 & Under 9-11 12-14 15-19 20-29 30-39 40-49 50-59 60-69 70+

Please join us for a 1K Stroll at 10 AM. This is an untimed event.

RACE MANAGEMENT BY



Timetable:

Friday, April 28th – Running Zone (3696 N. Wickham Rd., Melbourne)

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

Saturday, April 29th – Brevard Veterans Memorial Center (400 S

Sykes Creek Pkwy, Merritt Island, FL)

7:00 AM Packet Pickup & Registration Opens

7:50 AM Late Registration Ends

8:00 AM 5K Start!!!

**Awards Ceremony immediately following race

10 AM: 1K Stroll – Untimed event.

 Fees:
 Through 4/28
 Race Day

 5K Adult
 \$30
 \$35

 5K Child (12 & Under)
 \$25
 \$30

 1K Stroll
 \$10
 \$15

SORRY, NO REFUNDS.

Send completed entry form with fee to: Running Zone – 3696 N. Wickham Rd. Melbourne, FL 32935

Make check payable to: Brevard Parkinson's Alliance

		⊔5К		1K Stroll				
Name:								
Sex (circle one): Ma	ale Fema	ale Date of Birth _		/_	A	Age on Ra	ice Day:	
Email address			Phone	e				
Address		City			State	Zip		_
Shirt Size (circle one)	: Youth S	Youth M Youth	L Youth XL	Small	Medium	Large	XLarge	XXLarge

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. As it applies to my participation in this race, I agree to abide by the Center for Diseas

SIGNATURE	SIGNATURE OF PARENT FOR THOSE UNDER 18	DATE