

5th Annual Disabled American Veterans 5k Run/Walk



October 14th, 2017

Register on Runsignup.com

Search under Disabled American Veterans or mail to address below.

Schedule of Events:

7:00am Check in
7:45am Presentation of Colors and National Anthem
8:00am 5k Run/Walk and Team Challenge
9:15am Awards and door prizes

Location: Baseline Trailhead Park
4255 SE 58th Ave
Ocala, FL 34472

Awards: Finishing Medal for first 250
Overall and Masters(45) Male and Female
Teams awards top 3 teams
Age groups starts 10 and under, every 5 years to 74. 75 and up
(352-455-8024)

Contact Info:
Joe Lingerfelt 937-938-0058
joey.lingerfelt@gmail.com
Cate Murphy(goodchick67@yahoo.com)

Entry Fee: \$30 pre-registration, shirt guaranteed to first 200 registered by Sept. 14th, 2017. \$35 race day registration no shirt guaranteed. (non-refundable)

Waiver of Health and Liability: I know that running/walking can be a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete and compete in this 5k run/walk. I assume all responsibility associated with the risk of participation in this event. Having read this waiver, I attest that I am healthy enough to run/walk the 5k and in consideration of accepting this entry, I, for myself and anyone authorized and entitled to speak or act on my behalf, waive the right and release the DAV, VHA, and any and all sponsors of this event or associated in any matter or way, including the timing company and any subcontractors, groups, or volunteers, with this event, from responsibility of/injury, serious medical condition, medical concerns including death. By signing you authorize photos to be used for promotional race related activities.

Print Name _____ Age Day of Race _____ Date of birth ____/____/____ Gender Male Female

Address _____ City _____ State _____ zip _____

Phone(____) _____ - _____ Team Name _____ email _____

Shirt Size (adult only) sm _____ med _____ lg _____ xlg _____ xxlg (+\$2) _____ Children M _____ LG _____

Will you be participating in a Wheelchair/Disabled category? yes no

Signature of Adult Participant _____ date ____/____/____

Signature of Guardian if under 18 _____ date ____/____/____

Make Checks Payable to the DAV(Disabled American Veterans) #150 mail to DAV C/O Joe Lingerfelt **9686 SW 52nd Court Ocala, FL., 34476** postmarked no later than Oct 4th, 2017. Bring a canned good on race day and receive an extra raffle ticket. For an additional donation of \$1 per ticket or \$5 dollars receive an extra 6 raffle tickets for door prizes. All participants will be entered automatically with 1 door prize ticket for the drawing after the race. Thank you for your participation!