St. Francis D.A.S.H In Life 5K

Saturday, November 12th, 2022, 8:00 AM Brevard Veterans Memorial Center 400 S. Sykes Creek Pkwy, Merritt Island, FL 32952



Time Table:

Friday, Nov. 11th: *Running Zone* (3696 N. Wickham Rd) 10 AM-6:30 PM: Early Packet Pickup and Registration

Saturday, Nov. 12th: Brevard Veterans Memorial Center

(400 S Sykes Creek Pkwy, Merritt Island, FL 32952)

7:00 AM: Registration & Packet Pickup Opens

7:45 AM: Registration Closes

8:00 AM: 5K Race Start!

*Awards and Special Veteran Pinning Ceremony immediately following the race

Awards:

Top 3 Overall M & F

Top Masters M & F (40+)

Top 3 M & F in each age group:

9 & under, 10-14, 15-19, 20-29, 30-30, 40-49, 50-59, 60-69, 70-79, 80+

To Benefit: St. Francis Reflections Foundation We Honor Veterans Program. Providing specialized care to Veterans all over Brevard County through palliative care, hospice care, and grief services.

Race Amenities:

- Race T-shirts (**One shirt per racer guaranteed if registered by Oct 11th, 2022)
- Challenge Coin to all Finishers!
- After race drinks and nutrition
- Scenic route in a beautiful park
- Static display area

Fees	Through 11/11/22	Race Day
Adult*	\$25	\$30
Child (12 & under)	\$20	\$25
Virtual**	\$25	\$30

*\$5 discount for Veterans

SORRY, NO REFUNDS.
ONLY SERVICE ANIMALS PERMITTED

D.A.S.H. In Life 5K - Official Entry

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

Make checks payable to: St. Francis Reflections Foundation



	Make checks payable to:	St. Francis Reflection	s Foundation	RACE MANAGEMENT
First:	L	ast:		
Sex:	Date of Birth:/	/ Age on	Race Day:	
Address:	City:		State:	ZIP:
Phone:	Email:			
Veteran? (Y/N):	If Yes, which branch did you serv	/e in?	Attending the pin	ning ceremony? (Y/N)
Adult Unisex Shirt Size: X	s 🗆 s 🗆 m 🗆 L	□ XL □ XXL		
	INCOMPLETE OR UNSIGNED	ENTRY FORMS WILL N	IOT BE ACCEPTED	
RunSignup.com, and all of their agents assisting w damages suffered by me before, during or after th	participant, intending to be legally bound do hereby wai ith the event, sponsors and their representatives, volunt e event. I recognize, intend and understand that this rele	eers and employees for any and all ir ease is binding on my heirs, executor	njuries to me or my personal prop rs, administrators, or assignees. I	perty. This release includes all injuries and/or know that running a road race is a potentially

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

^{**}There will be a \$8.50 additional charge to mail a virtual packet