



Armed Forces Day Rescue 5K

SATURDAY, MAY 6th, 2023

START – 6:30 PM



**SATELLITE BEACH COMMUNITY CENTER
1089 S. PATRICK DR. SATELLITE BEACH FL. 32937**
(Start and Finish at the Community Center)

\$35 per person through 5/05/22, \$40 Day of Race

\$5.00 Military Discount

INCLUDED IN REGISTRATION FEE

- Race T-Shirt
- Sponsor Swag
- Race Themed Dog Tags
- Snacks and Beverages

Awards for top 3 overall male & female finishers, top 3 team finishers (Must be Co-ed, must be at least 4 people)

Live music, community fair & silent auction to follow!

REGISTER ONLINE AT: <https://runsignup.com/armedforcesday5kfl>

Race packet pick-up at running zone, Friday May 5th: 1000-1830 or @ the community center, day of race: 0545 - 0645.

For more information, please Email: Rescuespecialfunctionsfl@gmail.com or call Holly Viet @ 321-368-3345.

Proceeds go to the Military Affairs Council and the rescue special functions to support local military families.

OFFICIAL ENTRY FORM Armed Forces Day Rescue 5K

CHECKS PAYABLE TO: Rescue Special Functions Committee

MAIL TO: Running Zone, 3696 N Wickham Rd, Melbourne, FL 32935

RACE MANAGEMENT BY



NAME: _____

SEX (CIRCLE ONE): MALE FEMALE **DOB:** ____/____/____ **AGE ON RACE DAY** ____

ADDRESS _____ **CITY** _____ **STATE** ____ **ZIP** ____

PHONE _____ **EMAIL** _____

TEAM NAME (OPTIONAL): _____

SHIRT SIZE (ADULT UNISEX): ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ XXL ☐ NO SHIRT OPTION (\$5 OFF)

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 (series) 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 Armed Forces Day Rescue 5k. 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 event. I hereby grant full permission to any and all of the foregoing to use any photographs, email, 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 _____

