



# HALIFAX HEALTH HOSPICE

Licensed since 1979

Bib #: \_\_\_\_\_  
Race Officials only

**6:30 am**  
Registration Opens

**8:00 am**  
5K Run & Walk

**8:15 am**  
Kiddie Fitness Zone

## Register Now

Registration fees are non-refundable.

Register online by noon,  
September 6, 2018 at:  
**halifaxhealth.org/  
hospice/5k**

*Credit Cards Accepted*

## Packet Pick-Up

September 7

12:00 - 6:00 pm

Halifax Health - Hospice  
Port Orange Care Center  
3800 Woodbriar Tr., Port Orange

› Professionally Timed

› Certified Course

› Part of the *Live Your Life Well*  
*Race Series & The Daytona*  
*Running Series*



WE HONOR VETERANS

# 17TH ANNUAL 5K RUN & WALK

**Celebrating the Spirit of Caregiving**

*Proceeds support the Halifax Health - Hospice Family Caregiver Program*

**Saturday, September 8, 2018 at 8:00 am**  
**Port Orange City Center Circle**

Presenting  
Sponsor  
**dale's  
shoes**  
and Pedorthics  
[dalesshoes.com](http://dalesshoes.com)

Please print clearly. One registration form per person.

Name (First and Last) \_\_\_\_\_

Age on Race Day \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home or Cell) \_\_\_\_\_ Email \_\_\_\_\_

Sport Tek Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ Veteran of the U.S. Armed Forces  
Sizes are unisex and run large.

### To Participate:

☐ 5K Run & Walk  
\*Child 12 and under free with paid adult entry (1 per adult).

### Entry Fee: Fri 8/24

\$30

### 8/25 Thru 9/6 (noon)

\$35

### Packet Pickup & on Race Day

\$40

### To Donate:

☐ Non-Runner Supporter  
(not present; receives a shirt)

\$30

\$30

\$30

☐ Other donation amount

\$ \_\_\_\_\_

### Method of Payment:

☐ I have enclosed a check made payable to Halifax Health - Hospice. Check # \_\_\_\_\_

☐ I have enclosed my payment in cash. Amount \$ \_\_\_\_\_

☐ Bill my ☐ MasterCard ☐ Visa ☐ AMEX in the amount of \$ \_\_\_\_\_

Card # \_\_\_\_\_ CVI (Sec.Code) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on the card (please print) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please mail registration form and payment to:

**Halifax Health - Hospice - 5K Run & Walk, 3800 Woodbriar Tr., Port Orange, FL 32129**

### Waiver Form

I, the undersigned, hereby represent that I do not have any medical/physical conditions which would be adversely affected and/or aggravated by my election to participate in the 5K Run & Walk. I do hereby release and forever discharge Halifax Hospice Inc., (d/b/a) Halifax Health - Hospice, all other event sponsors, Halifax Health, Halifax Health - Medical Center of Port Orange, their officers, employees, agents, administrators, and assigns from any and all claims, demands, actions or rights of action, of whatsoever kind or nature, arising from or by reason of any bodily injury or personal injuries resulting from any occurrence as a result of my election to participate in said event.

I give my full permission to Halifax Health - Hospice and event sponsors to use my name, email, photographs and video tapes that are made during the event.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

Participant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Signature  
(if participant is under 18)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Halifax Hospice, Inc., d/b/a Halifax Health - Hospice is exempt from federal income tax under Section 501(c)(3) I.R.C. Contributions are tax deductible to the extent allowed by law. Our tax ID number is 59-2661284. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352 OR CALLING OUTSIDE THE STATE 850-488-2221. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

**For more information, visit [halifaxhealth.org/hospice/5k](http://halifaxhealth.org/hospice/5k)**