



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 5, 2019 at:
**halifaxhealth.org/
hospice/5k**

Credit Cards Accepted

Packet Pick-Up

September 6

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

18TH ANNUAL 5K RUN & WALK

Celebrating the Spirit of Caregiving

Proceeds support the Halifax Health - Hospice Family Caregiver Program

Saturday, September 7, 2019 at 8:00 am
Port Orange City Center Circle

Powered by

**dale's
shoes**
and Pedorthics
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 _____

Email _____

☐ Veteran of the U.S. Armed Forces

Sport Tek Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Sizes are unisex, run large and cannot be swapped out.

To Participate:

Entry Fee: Fri 8/23

8/24 Thru 9/5 (noon)

Packet Pickup &
on Race Day

☐ 5K Run & Walk

\$30

\$35

\$40

*Child 12 and under free with paid adult entry (1 per adult).

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

Or scan in and email completed form to: **Emily Smith at emily.smith@halifax.org**

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.

Date _____

Participant Signature _____

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

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