



HALIFAX HEALTH HOSPICE

Licensed since 1979

6:30 am
Registration Opens

8:00 am
5K Run & Walk

8:50 am
1/8 Mile Kiddie Dash

Register Early & Save

Shirts and bags are not guaranteed to day of registrants. Registration fees are non-refundable.

Register online by
September 8, 2016 at:
**halifaxhealth.org/
hospice/5K**

Credit Cards Accepted

Packet Pick-Up

September 9
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*
- Courtesy of Dale's Shoes
 - › Drawing For Running Shoes
One pair each, mens & womens. Value of up to \$200 per pair. One entry per paid adult 5K registration. Must be present to win
 - › First 300 5K Registrants Receive FREE Pair of New Balance Socks

For more information, please
call 386.425.4747 or email
hospicefundev@halifax.org

15TH ANNUAL 5K RUN & WALK



HALIFAX HEALTH
HOSPICE

Celebrating the Spirit of Caregiving

Saturday, September 10, 2016
Port Orange City Center Circle



WE HONOR VETERANS

Presenting Sponsor

**dale's
shoes**
and Pedorthics
dalesshoes.com

REGISTRATION - PLEASE PRINT

Bib # _____
Race Officials only

Name (First & Last) _____

Age on Race Day _____

Date of Birth _____

☐ Male ☐ Female

Address _____

City _____

State _____

Zip _____

() _____

Phone (Home or Cell) _____

Email _____

T-Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

NOTE: Preferred size based on availability.

Event:

Entry Fee:

	Thru 8/27:	8/28 Thru 9/8:	Packet Pickup & On Race Day:
☐ 1/8 Mile Kiddie Dash* (10 & under)	\$ 5	\$ 5	\$ 5
☐ 5K Run & Walk	\$ 25/\$15 Youth**	\$ 30/\$20 Youth**	\$ 35/\$25 Youth**
☐ Caregiver Supporter (not present)	\$ 25	\$ 25	\$ 25
☐ Company Matching Gift			

* Medals awarded in lieu of t-shirt ** Youth: 18 years old and under

Method of Payment:

- ☐ I have enclosed a check made payable to Halifax Health - Hospice - 5K Run & Walk. Check #: _____
- ☐ I have enclosed my payment in cash. Amount: \$ _____
- ☐ Additional Donation. Amount: \$ _____
- ☐ Bill my (☐ MasterCard ☐ Visa ☐ AMEX) in the amount of \$ _____

Card # _____

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 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 _____, 2016.

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.

If you need additional registration forms, please visit **halifaxhealth.org/hospice/5K**