



TACTICAL 10K & 2 MILE SATURDAY, NOVEMBER 22, 2025 7AM START

The race will start at South Beach Park (located at 1704 Ocean Drive Vero Beach, Florida 32963). All proceeds will be used to purchase equipment for members of the Vero Beach Police Department & Critical Response Team.

REGISTRATION: Registration can be completed by using this form. Mail-in registration must be postmarked by November 10, 2025. Make checks payable to **Vero Beach Police Foundation** and mail to Running Zone, 3696 N. Wickham Road, Melbourne, Florida 32935. Registration will also be accepted through the event website: <https://runsignup.com/Race/FL/VeroBeach/Tactical10K2Mile> or scan the QR Code to link to the event website.



RACE PERKS & AWARDS: The first **100** paid registered athletes will be guaranteed a **Dri-Fit Race Shirt**. Awards for the 10K will be given to the overall male and female winners, as well as the top three finishers in each of the 5-year age groups starting with (14 and under and ending with 70+). Awards for the 2 Mile will be given to the overall male and female winners, as well as the top three finishers in each of the 10-year age groups starting with (14 and under and ending with 70+).

RAFFLE: Numerous items will be raffled off after awards are presented. Tickets will be sold the day of the event (\$2.00 per ticket or 6 for \$10.00) or can be purchased in advance by calling 772-978-4679. ***Must be Present to Win***

PACKET PICK UP: Packet Pick up at American Icon Brewery (1133 19th Place) on 11/15 from 12pm to 4pm. You may also pick up your packet at the event on race morning.

___ **10 K** \$40.00 through 11/21/25 \$45.00 race day

___ **2 MILE** \$25.00 through 11/21/25 \$30.00 race day

___ **DONATION:** I will not be running in the event but would like to make a donation!

Information:

Last Name: _____ **First Name:** _____ **Age on Race Day** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Gender: M F **DOB:** ____/____/____ **Email:** _____

Phone Number: _____ **Emergency Contact Name /Number:** _____

Shirt Size (please circle): S M L XL

Waiver – Required

INCOMPLETE OR UNSIGNED ENTRY/RELEASE FORMS WILL NOT BE ACCEPTED. In consideration of the acceptance of my entry, I, for myself, my heirs, for whom I am guardian of, executors and administrators, do hereby discharge and release the Vero Beach Police Foundation, the Vero Beach Police Department, the City of Vero Beach, Indian River County and all cooperating businesses, officials, sponsors, producers, volunteers, supporters, organizations, assigns and/or their representatives of all claims, damages, actions, liabilities, costs and/or expenses whatsoever, which I may have against them in any way connected with my participation in this event, including travel to or from this event and including injuries which may be suffered by me before, during or after the event. I authorize the officials of the race to use their discretion to have me or my child transported to a medical facility and I take full financial and legal responsibility for this action. I verify that I am physically fit enough to complete this event and that I am medically cleared to participate by my physician. I permit the use of my name, photograph and/or recording to be used in connection with this event for any lawful purpose. NO REFUNDS WILL BE GIVEN. BY SINGING THIS RELEASE, I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: _____ **Date:** _____

Parent Signature (if under 18): _____ **Date:** _____