



Brevard Association for the Advancement of the Blind

# Sprint for Sight

## Annual 5K Run/Walk

Saturday, October 10<sup>th</sup>, 2020

7:30 AM @ Gleason Park

1233 Yacht Club Blvd., Indian Harbour Beach, FL

**SPRINT FOR SIGHT**



### TIMETABLE:

**Friday, October 9<sup>th</sup> - 10 AM - 6:30 PM:**

Packet Pick Up & Late Registration at the  
**Running Zone** (3696 N. Wickham Rd., Melbourne)

**Saturday, October 10<sup>th</sup> at Gleason Park:**

1233 Yacht Club Blvd., Indian Harbour Beach

**6:30 AM:** Packet Pick up and Late Registration

**7:15 AM:** Late Registration Ends

**7:30 AM:** 5K Starts!

\*Awards Ceremony Immediately Following Race

**Register Online:**

<https://secure.runningzone.com/sprintforsight/>

**More Information at:** [www.baabhelpfortheblind.org](http://www.baabhelpfortheblind.org)

**OR Facebook:** [BAAB'S Sprint for Sight 5K Run/Walk](#)

### AMENITIES:

- Annual Sprint for Sight T-shirt
- Great Beachside location
- PRIZES
- FREE Refreshments
- Grand Prize Drawing



### AWARDS:

Top 3 Overall Male and Female

Top Masters (40+) Male and Female

Top Visual Impaired Participant,

Top 3 in each Age Group: 8 & Under, 9-11, 12-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-80, 80+

### FEES:

5k Run/Walk

Until 10/3

10/4 & Race Day

\$25

\$30

SCR Member

\$22

\$30

Students

\$18

\$18

Visually Impaired

\$15

\$15

**Sorry, No Refunds**

### TITLE SPONSOR



### OFFICIAL ENTRY FORM **Sprint for Sight** 5K RUN/WALK

CHECKS PAYABLE TO: BAAB

MAIL TO: Running Zone, 3696 N. Wickham Road, Melbourne, FL 32940

5K Run/Walk Adult

SCR Member

Students

Visually Impaired

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SEX: MALE  FEMALE  DOB: \_\_\_/\_\_\_/\_\_\_ AGE ON RACE DAY \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SHIRT SIZE:  ADULT X-SMALL  ADULT SMALL  ADULT MEDIUM  ADULT LARGE  ADULT XL  ADULT XXL

### 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 Sprint for Sight 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