

Brevard Association for the Advancement of the Blind

SPRINT FOR **SIGHT**



Sprint for Sight

Annual 5K Run/Walk

Saturday, October 3, 2026

7:30 AM @ Gleason Park

1233 Yacht Club Blvd., Indian Harbour Beach, FL



TIMETABLE:

Friday, October 2nd - 10 AM - 6:30 PM:

Packet Pick Up & Late Registration at the

Running Zone (3696 N. Wickham Rd., Melbourne)

Saturday, October 3rd 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://runsignup.com/Race/FL/IndianHarbourBeach/SprintForSight5K>

More Information at: www.baabhelpfortheblind.org

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

TITLE SPONSOR



AMENITIES:

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

AWARDS:

Top 3 Overall Male and Female

Top Masters (40+) Male and Female

Top 3 Visually Impaired Participants Male and Female

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, 75-79, 80+

FEES:

	Until 10/1	10/2 & Race Day
5K Run/Walk	\$35	\$40
Students (17 & under)	\$30	\$35
Visually Impaired	\$25	\$30
\$5 off for No Shirt		

Sorry, No Refunds

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 ☐ Students ☐ Visually Impaired

NAME: _____

SEX: MALE ☐ FEMALE ☐ DOB: ____/____/____ AGE ON RACE DAY: ____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SHIRT SIZE (Adult): ☐ X-SMALL ☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 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 _____