



When: Saturday, January 5th, 2019, 7:30 am

Where: Sebastian Community Center 1805 N. Central Ave. Sebastian

COST: \$30 pre-registration \$35 on race day

- T-Shirts guaranteed to the **first 100 registered**
- **All runners will receive gift bags**
- Entries on race day will be accepted starting at 6:30 am

DONATE: Regrettably, I cannot attend. Please accept my tax-deductible donation of \$ _____

AWARDS: Medals will be given out to the Overall Male & Female winners (Gold), Age group awards 3 deep (Gold, Silver, Bronze) in each of the following age groups: (10 & Under) (10-19) (20-29) (30-39) (40-49) (50-59) (60-69) (70 & over), & Youngest Finisher! **Gift Basket for 1st place pup!**

Registration: Register online at: www.runvero.com or drop off/mail entry to: HALO Rescue 710 Jackson St. Sebastian, FL 32958

PACKET PICK-UP: Friday, January 4th from 10:00 a.m.-5:00 p.m. at Runner's Depot

*** Race day registration and packet pickup at race site starts at 6:30 am... early bird gets the worm!

MORE INFO: Call: Jacque Petrone 772-589-7297 Email: JPetrone@halorescuefl.org or Visit: HaloRescueFL.org

Entry Form- Please Print Legibly

Checks payable to: HALO Rescue

Name: _____ **Gender:** Male/Female **Race Day Age:** _____ **BirthDate:** ____/____/____

Address: _____ **E-Mail:** _____

City & State: _____ **Zip:** _____ **T-Shirt Size:** S-Med-Lrg-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 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 Chase Your Tail event. 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 race. I hereby grant full permission to any and all of the foregoing to use any photographs, 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: _____ **Date:** _____

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

“JOIN us in our mission to make Indian River County no kill!”