



#Be A Buddy 5K

Visit www.theparkerfoundation.com
for more information

Saturday, October 19, 2024

8:00 AM Start

Space Coast Field of Dreams

3053 Fell Road, West Melbourne, FL. 32904



TIME TABLE:

Friday, October 18th – Running Zone

3696 N. Wickham Road, Melbourne, FL 32935

10:00 AM – 6:30 PM Packet Pickup & Registration

Saturday, October 19th – Space Coast Field of Dreams

3053 Fell Road, West Melbourne, FL. 32904

7:00 AM Packet Pickup & Registration opens

7:45 AM Packet Pickup & Late Registration ends

8:00 AM 5K Start

**Awards Ceremony immediately following the race*

AWARDS:

M-F: Top 3 Overall

M-F: Top Masters (40+)

M-F: Age Groups (**Top 3 in each age group**):

10 & Under	30 – 34	55 – 59
11 - 14	35 – 39	60 – 64
15 - 19	40 – 44	65 – 69
20 - 24	45 – 49	70 – 74
25 - 29	50 – 54	75+

Fastest Team, Largest Team and Most Team Spirit!

To Benefit: The Parker Foundation and Bullying Prevention in Brevard County: The Parker Foundation provides free resources to children, teens, and young adults with Autism Spectrum Disorders (ASD) and related disabilities and their families through funding education, sports and arts programs. Our #BeABuddy 5K celebrates our bullying prevention initiatives, empowers our Peer Buddy Program, and unites the community in a campaign to keep all youth safe from bullying.

RACE AMENITIES:

- Cool Race Shirt (or save \$5.00 with the No Shirt Option)
- Post-Race Family Health and Fitness Expo highlighting local vendors and sponsors
- DJ/Entertainment
- Post-Race Local Food and Beverages
- Win Prizes

FEES:

Adult 5K Run/Walk

Until 10/17

\$35.00**

10/18 - Race Day

\$40.00**

Youth 5K (Under 16)

\$20.00**

\$25.00**

*Kids Run (8 and under)

FREE

FREE

**Kids run is a short dash taking place after the 5K event*

***SAVE \$5.00 for no shirt*

Register online at www.runningzone.com

Sorry No Refunds.

#Be A Buddy 5K OFFICIAL ENTRY FORM

Make check payable to: **The Parker Foundation**

Mail completed entry form to: Running Zone, 3696 N. Wickham Road, Melbourne, FL 32935

☐ In-Person 5K



First: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Sex: ☐ Male ☐ Female Date of Birth: ____/____/____ Age on Race Day: _____

Team Name: _____ (Minimum of 5 Team Members)

Shirt Size: ☐ YM ☐ YL ☐ YXL ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL

☐ No Shirt Option (\$5 discount)

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 #Be a Buddy 5K 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

SIGNATURE OF PARENT FOR THOSE UNDER 18

DATE