

Autism Coalition of Brevard 5K Run/Walk

February, 24, 2024 8:00AM

Schechter Community Center

1089 S. Patrick Dr, Satellite Beach, FL 32937



Time Table:

Friday, February 23rd: Running Zone (3696 N. Wickham Rd)

10:00 AM-6:30 PM: Early Packet Pickup and Registration

Saturday, February 24th: Schechter Community Center (1089

S. Patrick Dr., Satellite Beach, FL)

6:45 AM: Registration & Packet Pickup Opens

7:45 AM: Registration & Packet Pickup Closes

8:00 AM: Race Start!

9:15 AM: Lil' Kids Run

**Awards Ceremony immediately following the race*

Awards:

Top 3 Overall M&F

Top Masters M&F (40+)

Top 3 M & F in each age group:

9 & under, 10-14, 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, 80-89, 90+

Top Family Team (minimum of 4 people)

Top Corporate Team (minimum of 4 people)

To Benefit: Proceeds to benefit families affected by Autism in Brevard County.

Visit www.BrevardAutismCoalition.com for more information!

Race Amenities:

- T-Shirts (**Shirts and sizes are not guaranteed for late registrations)
- Free kids run after the 5K
- Post-race refreshments
- Awards ceremony for age group winners

Fees	Through 2/1	2/2 and after
Adult	\$30	\$35
Youth (17&under)	\$15	\$35
Virtual	\$30	\$35

*Save \$5 if you would not like a shirt.

SORRY, NO REFUNDS.

Brevard Autism Coalition 5K - Official Entry

Mail entry form with fee to: Running Zone - 3696 N. Wickham Rd, Melbourne, FL 32935

Make checks payable to: **Brevard Autism Coalition**



Name (First and Last): _____

Sex (circle one): Male Female Date of Birth: ____/____/____ Age on Race Day: ____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

(Optional) Team Name – Circle: Family or Corporate _____

Shirt Size (Circle one): Youth S Youth M Youth L S M L XL XXL No Shirt (\$5.00 off)

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes. This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Signature

Signature of parent for those under 18

Date