



# The Buggy Bunch 5K

**Saturday, May 7<sup>th</sup>, 2022**

7:30 AM – 5K Start

Downtown Vero Beach

1450 21<sup>st</sup> Street, Vero Beach, FL 32960

## Time Table:

**Friday, May 6<sup>th</sup>: Runner's Depot – 436 21<sup>st</sup> Street**

10 AM - 5 PM: Early Packet Pickup and Registration

**Saturday, May 7<sup>th</sup>: Downtown Vero Beach**

6:30 AM: Registration & Packet Pickup Opens

7:00 AM: Kid's Fun Run – 100m start

7:20 AM: Registration Closes

7:30 AM: 5K Start!

**\* Awards Ceremony Following 5K**

## Awards:

Overall Top Male and Female

Age Group (Top 3 M/F): 11 and under, 12-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Top Fastest Stroller Division

Top 3 Fastest Mom & Me Division



**SORRY, NO REFUNDS.**

Register Online at  
[secure.runningzone.com](http://secure.runningzone.com)

**To Benefit:** The Buggy Bunch offers free programming and is dedicated to building relationships and meeting the needs of Indian River County moms and their families. We exist to share the love of Jesus Christ through programming, outreach, and discipleship. For more information on The Buggy Bunch, please visit [www.thebuggybunch.com](http://www.thebuggybunch.com).

## Race Amenities:

- Cool T-shirts (\*Must register by April 22nd for guaranteed shirt)
- Awesome Awards
- Food & Beverages at the race

## Fees:

	Until 5/6	Race Day
Individual 5K	\$30	\$35
Kids Fun Run (100m)	Free	Free

*\*Kids under age 5 are free (does not include bib or shirt)*

**Mom & Me Runner's Package:** \$50 Includes 2 race entries, t-shirt for each participant, and goody bags. Prizes for Top 3 fastest Mom & Me teams. Price increases to \$30 per runner on race day *\*Each runner must register separately. \*\*Must register by April 22nd for guaranteed shirt.*

## The Mother of All Races – The Buggy Bunch 5K - Official Entry

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

**Make check payable to: The Buggy Bunch**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mom & Me Team Name: \_\_\_\_\_ Mom & Me Teammate's Full Name: \_\_\_\_\_

Are you running in the Stroller Division? (please circle) Yes or No

T-Shirt Size: ☐ XS ☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ XXL Large ☐ Youth Small ☐ Youth Medium

## 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 right 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 typical 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. 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. 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.

SIGNATURE

SIGNATURE OF PARENT/GUARDIAN (FOR THOSE UNDER 18)

DATE