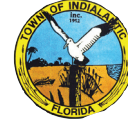


Fourth Annual Indialantic Witch Way 5K

To benefit in part
The Nature Conservancy



Saturday, October 15, 2011

- 5:15 p.m. – Packet Pickup & Registration
(Nance Park - A1A and 4th Ave.)
- 6:15 p.m. – Registration Ends
- 6:30 p.m. – 5K Start
- 7:30 p.m. – Awards & After party
– Trick-or-Treating at Indialantic Businesses

Friday, October 14, 2011

10 a.m. - 6:30 p.m.

Early Packet Pickup & Registration at Running Zone

Race Course has an Evening Start Time and begins and ends at Nance Park

Cool Glow-in-the-Dark Race Tees!

Course:

We will be returning to the original WW5K course!

More information:

For additional information, contact Brooke Goldfarb at 321-626-2858, or visit us online WitchWay5K.com

Entry Fees:

Sorry, no refunds.

	Until 10/14	10/15
Adults:	\$25	\$30
Kids (under 12):	\$20	\$25



Awards (male and female):

- Personal Record Challenge
- Overall - 1st, 2nd, 3rd
- Masters (40+) - 1st
- Age Groups - 1st, 2nd, 3rd:

5-8	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+

Fourth Annual Witch Way 5K Official Entry Form:

To enter and pay by credit card, go to RunningZone.com. To pay by check, complete this form and mail to The Running Zone, 3696 N. Wickham Rd., Melbourne, FL 32935. Make checks payable to the Town of Indialantic.



Date _____ Payment Type Cash Check Check# _____ Age _____ Gender M F
(on race day)
 Last Name _____ First Name _____ Middle Initial _____
 Street Address _____
 City _____ State _____ Zip _____ DOB _____
 Phone _____ e-mail address _____ Shirt size: YM S M L XL

In consideration of my entry form being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or may hereafter accrue to me against the Town of Indialantic, Running Zone Race Management, Inc, and the officers, agents, employees, representatives, successors, and assigns of each, as well as all sponsoring organizations and their representatives, for any and all damages or injuries which may be sustained or suffered by me in connection with any association or entry or participation in the Indialantic Witch Way 5K Run. If I should suffer injury or illness, I authorize the officials of the race to use discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest that I am physically fit and have sufficiently trained for the competition of this event. 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 whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Applicants signature or

Parent/Guardian signature - under 18 applicants _____