

# Third Annual Indialantic Witch Way 5K

To benefit in part  
The Nature Conservancy



## Saturday, October 23

- 5:00 p.m. - Packet Pickup & Registration  
(Nance Park - A1A and 4th Ave.)
- 5:45 p.m. - Registration Ends
- 6:00 p.m. - 5K Start
- 7:15 p.m. - Awards & afterparty at City Tropics Bistro  
- Trick-or-Treating on 5th Avenue

## Friday, October 22

- 10 a.m. - 6:30 p.m.  
Early Packet Pickup & Registration at Running Zone

New Race Course  
& Evening Start

Cool  
Glow-in-the-Dark  
Race Tees!

### Course:

A new and exciting evening course ending on 5th Avenue!

### More information:

For additional information, contact Running Zone at 321-751-8890, or visit us online [WitchWay5K.com](http://WitchWay5K.com)

### Entry Fees:

Sorry, no refunds.

	Until 10/22	10/23
Adults:	\$25	\$30
Kids (under 12):	\$20	\$25



### Awards (male and female):

- NEW - 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+

### Third Annual Witch Way 5K Official Entry Form:

Mail or submit form to Running Zone, 3680 N. Wickham Road, Unit C, Melbourne, FL 32935 or Indialantic Town Hall, Make checks payable to **TOWN OF INDIALANTIC** or register online by credit card at [Witchway5K.com](http://Witchway5K.com).



Age \_\_\_\_\_ Gender M  F

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* \_\_\_\_\_

