



2019

## 6th Annual Haiti Clinic 5K Run/Walk

We celebrate Haiti's progress and the opportunity to provide healthcare that is still in great need. With your help, we will continue making a difference in the lives of many.

*Please support this 5k event by participating, or selecting a sponsorship opportunity.*

Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

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

Choose your T-shirt size:  S  M  L  XL Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please circle: Male or Female

**When:** Saturday, March 16, 2019 at 8:00AM

**Location:** South Beach Park, at the far East end of the 17th Street Causeway, Vero Beach

**Registration:** \$25.00 in advance / \$30.00 on race day starting at 7:00AM

**Packet Pick-Up:** Friday, March 15, 2019 at Run Vero from 10:00 AM - 5:00 PM or

race day registration starting at 7:00 AM

**Awards:** Age group winners will receive handmade Haitian Art

**Age groups:** (15 & under) (16-25) (26-35) (36-45) (46-55) (56- 65) (Over 65)

**Have Questions?**

***For sponsorship or questions about Haiti Clinic please email: [info@haiticlinic.org](mailto:info@haiticlinic.org)***

***For race questions please call: 772.643.7010 or email: [info@runvero.com](mailto:info@runvero.com)***

I understand that participating in the event can potentially be a hazardous activity presenting risk. As a condition of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result. I and anyone entitled to act on my behalf, waive, release and hold harmless Haiti Clinic and all parties connected with this event from all claims and liabilities of any kind arising out of my participation. I will permit emergency treatment in the event of injury or illness while participating. I give permission to use my name and photos taken of me during the event in any promotional material, publication, or on the website. I certify that I have read and understand the intent of this waiver and release.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Print form, sign and mail completed form along with your check (if applicable) made payable to *Haiti Clinic*:**

**Run Vero , PO Box 2641, Vero Beach, FL 32961**