



WHEN: Saturday, February 15, 2020 @ 8:00am

WHERE: Race will Start/Finish at Orchid Island Brewery (2855 Ocean Drive – Vero Beach)
Route will loop through the historic Riomar neighborhood.

COST: \$25.00 in advance | \$30.00 on race day.

- Shirts guaranteed to the **first 100 registered.**

AWARDS: Awards/Prizes will be given out to the Overall Male & Female and Master Male & Female Winners
Additionally, awards will be presented to the winner and runner-up in the following age groups:
(12 & under)(13-19)(20-29)(30-39)(40-49)(50-59)(60-69)(70 & over)

Craft Beer provided at end of race compliments of Orchid Island Brewery *21 and older

REGISTRATION: Register online at: www.runnersdepotvb.com or drop-off/mail entry to: Runners Depot of Vero Beach, 436 21st Street, Vero Beach, FL 32960

PACKET PICK-UP: Friday, February 14th from 10:00AM until 5:00PM at Runner's Depot Vero Beach
(Located in the Miracle Mile between Deep Six Dive Shop and Kelly's Pub)
Race day registration and packet pick-up at race site starts at 7:00AM

FOR MORE INFORMATION: Email Shaun Fedder jedifedder@hotmail.com or Visit: www.runnersdepotvb.com

ENTRY FORM – PLEASE PRINT LEGIBLY

Checks payable to: **Youth on a Mission of Indian River County**

NAME: _____ **GENDER:** M F **RACE DAY AGE:** ____ **BIRTHDATE:** __/__/__

ADDRESS: _____ **E-MAIL:** _____

CITY & STATE: _____ **ZIP CODE:** _____ **SHIRT SIZE:** S M L XL

INCOMPLETE OR UNSIGNED ENTRY/RELEASE FORMS WILL NOT BE ACCEPTED. In consideration of the acceptance of my entry I, for myself, my heirs, for whom I am guardian of, executors and administrators, do hereby discharge and release Runner's Depot of Vero Beach, Run for Fun, Inc., the City of Vero Beach, Youth on a Mission of Indian River County Inc., Founders Club of IRC, Orchid Island Brewery, Indian River County and all cooperating businesses, officials, sponsors, producers, volunteers, supporters, organizations, assigns and/or their representatives of all claims, damages, actions, liabilities, costs and/or expenses whatsoever which I may have against them in any way connected with my participation in this event, including travel to or from this event and including injuries which may be suffered by me before, during or after this event. I authorize the officials of the race to use their discretion to have me or my child transported to a medical facility and I take full financial and legal responsibility for this action. I verify that I am physically fit enough to complete this event and that I am medically cleared to participate by my physician. I permit the use of my name, photography and/or recording to be used in connection with this event for any lawful purpose. BY SIGNING THIS RELEASE, I HAVE READ THE ABOVE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE (if under 18): _____ **DATE:** _____

NTAC:4UC-11