

Love's Miracle Hawk Buchmeyer Memorial Run 5K

to benefit shands childrens hospital.

WHEN: Saturday, AUGUST 31st, 2019, 7:30am

WHERE: Riverside Park Vero Beach 350 Dahlia Ln, Vero Beach

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

- T-Shirts guaranteed to the first 100 registered
- Entries on race day will be accepted starting at 6:30 AM

AWARDS: Awards/Prizes will be given out to the Overall Male & Female, Masters Male & Female winners. Age group awards 3 deep in each of the following age groups :
(14 & Under) (15-19) (20-29) (30-39) (40-49) (50-59) (60-69) (70-79) (80 & over)

REGISTRATION: Register online at: www.runvero.com or drop off/mail entry to:
Runner's Depot of Vero Beach, 436 21st Street, Vero Beach, FL 32960

PACKET PICK-UP: Friday, August 30th from 10:00 AM until 5:00 at Runner's Depot
(Located in the Miracle Mile between Deep Six Dive Shop and Kelley's Pub)
Race day registration and packet pickup at race site starts at 6:30am

FOR MORE INFORMATION: Call: Lisa Steele at 772-460-5777

E-mail: store467@loves.com or Visit www.runvero.com

ENTRY FORM – PLEASE PRINT LEGIBLY

Make checks payable to: **Love's Travel Stops**

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

ADDRESS: _____ **CITY & STATE:** _____ **ZIP CODE:** _____

T-SHIRT SIZE: S M L XL **E-MAIL:** _____

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 Run Ver, VBRC Inc., the City of Vero Beach, Indian River County, Love's Country Travel Stops and Country Stores, Children's Miracle Network 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 the 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, photograph 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:** _____