



SPRINT FOR SIGHT



PLATINUM SPONSOR:



**Brevard Association for the Advancement of the Blind
7th ANNUAL 5K RUN/WALK
www.baabhelpfortheblind.org**

SATURDAY OCTOBER 7 2017 AT 7:30 AM

**Gleason Park, 2055 South Patrick Drive
Indian Harbour Beach, FL 32937**

TIMETABLE:

Friday, 10/06/17 — 4:00 PM—6:30PM

Packet Pickup & Late Registration at CrossFit Rise
Above 1054 Cypress Ave. Melbourne, 32935

Saturday, 10/07/17— Gleason Park

6:30 AM Packet Pickup & Late Registration

7:15 AM Late Registration for 5K ends

7:30 AM 5K Starts!!!

***Award Ceremony immediately following race.**

AMENITIES:

- The 7th Annual Sprint for Sight T-shirt
- Great Beachside location
- PRIZES!!!!
- FREE Refreshments
- Fun Race Packets
- D-tag scoring
- DJ
- Grand Prize Drawing
- Fast Course & Pacers

SPRINT FOR SIGHT 5K OFFICIAL ENTRY FORM:

BAAB—ATTN: Sprint for Sight, 674 S. Patrick Drive, Satellite Beach, FL 32937

Team Name _____
(Minimum 5 members on a team with at least one of the opposite sex)

Name: _____

Address: _____

City: _____ ST _____ Zip _____

Phone (daytime) _____

Email address: _____

Sex : Male Female Visually Impaired _____

Date of Birth ____/____/____ Age on Race Day: _____

Please check shirt size: XS S M L XL XXL

For questions please call 321-773-7222

AWARDS: Medals and Prizes for M-F: Top 3 Overall., Masters (40+), Visually Impaired, Top 3 in each age group
Top Team awarded a plaque

T-shirts limited to the first 150 entrants

FEES:	Until 9/30	After 9/30
Adults	\$22.00	\$25.00
Students	\$18.00	\$18.00
Visually Impaired	\$18.00	\$18.00

**SORRY, NO REFUNDS
INCOMPLETE OR UNSIGNED ENTRY
FORMS WILL NOT BE ACCEPTED**

RACE MANAGED BY:



In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters for this race and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participant in the Sprint for Sight 5K event. If I should suffer injury or illness, I authorize the officials of the race to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this race. 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 of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this event at my own risk.

SIGNATURE _____

SIGNATURE OF PARENT FOR THOSE UNDER 18 _____

DATE _____