

PIKES PEAK



5K Run for a Cure

Race Management provided by:



PIKES PEAK 5K "Run for a Cure" 5K RUN/WALK

TO BENEFIT AMERICAN CANCER SOCIETY

SATURDAY, APRIL 10, 2010 AT 7:30 AM

Wickham Park* Melbourne, FL

TIMETABLE:

Friday, April 9th – 10:00 am – 6:30 pm

Packet Pickup & Registration at **Running Zone**
across from Wickham BCC Pavilion

Saturday, April 10th – Wickham Park Pavilion 1, 2,&3

(Main Wickham Park Entrance Pavilions in front of the
Ranger's Office off of Parkway Road)

6:00 am Packet Pickup & Registration

7:15 am Late Registration for 5k ends

7:30 am 5k Start!!!

8:45 am Breakfast/Brunch, Music, and Fun Filled
Activities - **FREE!**

*Awards Ceremony immediately following all races

AWARDS:

M-F: Top 3 Overall, Top Masters (40+),
Top Wheelchair

Age Groups (Top 3 M-F)

8 & Under 25 - 29 50 - 54

9 - 11 30 - 34 55 - 59

12 - 14 35 - 39 60 - 64

15 - 19 40 - 44 65 - 69

20 - 24 45 - 49 70 - 74

75+

FEES:	Until 4/9	Race Day
5K Run/Walk	\$25.00	\$30.00

Students	\$20.00	\$25.00
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SORRY, NO REFUNDS

PIKES PEAK 5K RUN FOR A CURE OFFICIAL ENTRY FORM

Send completed entry form with fee to: Make check payable to:

Pi Kappa Alpha Fraternity, 2401 Riverview Drive NE Palm Bay, Fl. 32905

Name _____

Address _____

City _____ State _____ Zip _____

Phone (daytime) _____ Email address _____

Sex: Male Female Date of Birth ____/____/____ Age on Race Day ____

Please check shirt size: Sizes: XS S M L XL XXL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

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 of 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 participation in the Pike's Peak 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