



ZOMBIE RUN

October 31, 2015 5:30pm

A 5K Run/Walk hosted by Space Coast Crew

Oars and Paddles Park

1329 Banana River Dr., Indian Harbour Beach

Come join us for a ZOMBIE RUN with Halloween post-race festivities

Time Table

Friday, October 30th, 2015

10:00am-6:30pm: Packet Pickup at Running Zone
(3696 N. Wickham Rd, across from EFSC)



Saturday, October 31st, 2015- Oars and Paddles Park

4:15pm- Day of Registration and Packet Pickup
5:15pm- Day of Registration and Packet Pickup Ends
5:30pm- 5K Start!

*Awards immediately following the race

Contact Info: SCCZombieRun@spacecoastcrew.org

To register online, go to <https://secure.runningzone.com/zombie5k/>

Awards

- Top 3 Male and Female Overall
- Top Masters Male and Female (age 40+)
- Top 3 Male and Female for Age Groups:

10 & Under	11-14	15-19
20-24	25-29	30-34
35-39	40-44	45-49
50-54	55-59	60-64
65-69	70-74	75+

**Best Zombie Costume Male and Female
Zombie**

Pricing		Day Of
Adults	\$25	\$30
Kids (age 12 & under)	\$15	\$20
Family (of 4)	\$80	N/A

*shirts guaranteed for those registered by 10/15

Send Completed Entry Forms to: Running Zone, Attn: Zombie Run, 3696 N. Wickham Rd., Melbourne, FL 32935
Make Checks Payable to: Space Coast Crew Boosters

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ___/___/___ Age on Race Day _____ (circle one) Male or Female

Shirt Size (please circle one) X-Small Small Medium Large X-Large XX-Large

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 Space Coast Crew Zombie Run 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