



**Inaugural  
LET'S RUN OVER IT 5K RUN/WALK**

***COLON CANCER IS PREVENTABLE, TREATABLE AND BEATABLE!***

**SATURDAY, MARCH 13, 2010 AT 7:30 AM**

**Holmes Park \* Melbourne, FL**

**TIMETABLE:**

**Friday, March 12<sup>th</sup> – 10:00 am – 6:30 pm**

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

**Saturday, March 13<sup>th</sup> – Holmes Park**

(From US1 heading south, turn left on Rt. 192 (Melbourne Causeway). Turn right on Front St. Parking on left.

6:00 am Packet Pickup & Registration

7:15 am Late Registration for 5k ends

7:30 am 5k Start!!!

\*Awards Ceremony immediately following all races

**AMENITIES:**

- **Raffle Prizes**
- **Plenty of Refreshments**
- **Health Fair after Race at Holmes Park**

**AWARDS:**

**5K – Top 3 Overall M-F, Top Masters Age Groups (top 3 male & female)**

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:**

**Registration Fee                    \$20.00**

**Race Day Reg Fee                    \$25.00**

**SORRY, NO REFUNDS**

**LET'S RUN OVER IT 5K**

**OFFICIAL ENTRY FORM**

Send completed entry form with fee to: **Melbourne GI Center** , 1051 South Hickory St., Ste. K, Melbourne, FL 32901

**Make check payable to: GREATER ORLANDO SGNA**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Email address \_\_\_\_\_

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

**Please note shirt size:**  S  M  L  XL

**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 Let's Run Over It 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