

Med - Share 5K/10K

Sunday , April 26, 2015

Holloway Park and Nature Preserve, 2402 Holloway Park Dr., Lakeland, FL 33812

5k / 10k courses at: <http://www.hollowaypark.org/cross-country.html>



To benefit: CardioStart of Tampabay

Cardiostart.org

Help Lecanto High School's  IB Med-Share club send medical donations overseas

Pre-registration: <https://runsignup.com> enter: med-share 5k

Or : <https://runsignup.com/Race/FL/LakeLand/MedShare5K10K>

Event Day Schedule:

- 7:30-8:40 a.m. - Packet pickup and race day registration
- 8:45 a.m. - Med Share 5K/10K
- 9:45 a.m. - Awards

Pre-registration: (mail in or on line) - \$20 adults; \$15 students (to grade 12)

Race day registration: \$25 adults; \$20 students

AWARDS Provided to top finishers of each race category:

Top two of each age groups receive certificates: 10 and under; 11-14; 15-19; 20-29; 30-39; 40-49; 50+

Bibs and chip timing will be used. The event organizers will be compensated

<https://runsignup.com> then enter: med-share 5k OR Drop off or Mail in

Please Cut Off and Return to: Med Share 5K, 3810 West Educational Path, Lecanto, FL 34461

Make Checks Payable to: Lecanto High School Med Share /**age on date of event**

Name: _____ Age: _____ M/F _____
Address: (include zip) _____ Email Address: _____
Parent/Guardian: (if under 18 day of event) _____ Phone: H _____ W _____
Emergency Contact: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Allergies or medical conditions: _____

I understand that running/walking is a physical sport and injuries may occur. I release the club organizers, sponsors, staff and administration of Holloway Park and Nature Preserve, the employees or sub contractors from David D Bullock, LLC or IC for timing from any legal responsibilities for any possible injury or consequences that may occur. I also authorize the meet director/club sponsor of the event to act on my behalf if an injury occur and I cannot answer responsibly. I understand if my child under the age of 18 is participating, the same procedures apply to my child.

(Parent)Signature: _____ Date: _____