

**- 5th Annual -**  
**SATURDAY**  
**Nov. 9, 2019**



Tax # 47-4635075

**Schedule of Events**

**Pre Race Packet Pick-up/Registration:**

Friday, November 8, 2019 12-6 pm at Riverside Park, 299 S. Riverside Dr., New Smyrna Beach

**Race Day Registration:**

Saturday, November 9, 2019 6:30AM - 8:00AM at 299 South Riverside Dr., New Smyrna Beach

**Race Starts: 8:00AM**

**Course**

Runners and Walkers Are Welcome. Start/Finish at Riverside Park. The race will be professionally timed. Digital time clocks will be viewed at the 2 mile & finish. Disposable electronic tags attached to bib numbers. (THIS IS AN OPEN ROAD COURSE) 5K USATF Certified Course #FL15087EBM

**Awards**

Overall/Male and Female finishers, and the top three runners in the following age groups: 10 and 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 and older

**Presenting Sponsor**



**Registration**

**Register early and save!!!**

- Entry fee before Nov. 2 = \$25
- Entry fee from Nov. 2-8 = \$30
- Race Day Entry fee = \$35 (cash or check)
- 18 yrs & under = \$20
- 18 yrs and under/ race day = \$25

**Register Online** with a credit card at: [www.RunSignup.com](http://www.RunSignup.com)

or **Mail Payment** to (cash or check):  
 Brain Cancer Awareness 5k  
 104 Desoto Drive  
 New Smyrna Beach, FL 32169

**Amenities**

**Trophy:** Top Male/Female runner

**Medal:** Top 3 age groups

T-shirt and Post race refreshments (Availability and size of shirts only guaranteed to those who register by November 2, 2019)

**Team Competition**

Teams must have a minimum of 3 members. Only top 3 team members are scored. All team members will appear in individual results. (Team Prizes-Awarded to: Overall Fastest-timed/scored Team, Second & Third runner-up Teams, The largest Team, The most creative attire Team)

**For More Information**

Visit [www.bca5kFlorida.com](http://www.bca5kFlorida.com)



(386) 314-3910  
[braincancerawarenessfla@gmail.com](mailto:braincancerawarenessfla@gmail.com)

**BRAIN CANCER AWARENESS 5K - REGISTRATION FORM**

NAME: \_\_\_\_\_ Sex: M  F  AGE: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEAM: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\* T-shirt Size: Sm.  Med.  Lg.  XLg.  XXLg.  (size based on availability)

**Method of Payment:**

- I have enclosed a check, made payable to Brain Cancer Awareness 5k, Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_
- I have enclosed my payment in cash in the amount of \$ \_\_\_\_\_
- I am giving a Donation (not present) in the amount of \$ \_\_\_\_\_

Please mail registration and payments to: Brain Cancer Awareness 5k | 104 Desoto Dr., New Smyrna Beach, FL 32169

**Waiver Form:** I, the undersigned, hereby represent that I do not have any medical/physical condition which would be adversely affected and/or aggravated by my election to participate in the Brain Cancer Awareness 5K Run/Walk on November 9, 2019. I hereby release and forever discharge Brain Cancer Awareness 5K, Inc. (non-profit) group, all event sponsors. Their officers, employees, agents, administrators, volunteers, and assigns from any and all claims, demands, actions or rights of action, of whatsoever kind of nature, arising from or by reason of any bodily injury or personal injury resulting from any occurrence as a result of my election to participate in this event.

I give my full permission for Brain Cancer Awareness 5K, Race Smith, Inc. And even sponsors to use my name, any photographs and video tapes that are made during the event.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2019 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature

Parent/Legal Guardian (under 18)

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_