

RUN FOR YOUR HEART



SATURDAY, FEBRUARY 8, 2020
5K, 10K Run/Walk & Kids Fun Run
 5K/10K Starts 7:00 a.m.
 Kids Run Starts 8:00 a.m.
At Fleet Feet Stuart

Name: _____
 Address: _____
 City: _____ Zip: _____ Phone: _____
 Email: _____
 Gender: M F Age: _____ Birthday: _____
 Shirt Size: S M L XL XXL (UNISEX)

RACE ENTRY FEES

5K

18 YRS+ \$30
 17 & Under \$20

10K

18 YRS+ \$35
 17 & Under \$25

Kids Fun Run

\$5
 _____ TEAM/GROUP of 4 or more \$5 Off/Person
 _____ Martin Health System TEAM (per MHS)

TEAM NAME: _____

COUPON CODE IF APPLICABLE: _____

First 400 5K/10K runners/walkers will receive a Race T-shirt

Divisions: 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, 75-79, 80 & up

Awards: Male & Female Overall, Male & Female Masters and 1, 2, 3 in each division!

Finisher Medals for Everyone!

REGISTER ONLINE AT:

www.runsignup.com
 Check us out @ www.fleetfeetstuart.com



Or in Person at:

2440 NW Federal HWY
 Stuart, FL 34994

On the corner of US1 and Britt Rd. in the same plaza as Total Wine, Bed Bath & Beyond & Honey Baked Ham.

CHECKS PAYABLE TO: FLEET FEETSTUART

Packet Pickup at Fleet Feet Stuart

2440 NW Federal Highway
 Stuart, FL 34994
 (772) 232-9225

Thurs., 2/6 & Fri., 2/7 | 10 a.m. to 6 p.m.

Waiver & Liability Release (REQUIRED)

In consideration of you accepting this entry, I the participant, intend to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Fleet Feet Stuart, The Event Director, runsignup.com and all of their agent assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed in the best interest of the event. I GRANT PERMISSION TO FLEET FEET AND MARTIN TO USE MY NAME AND IMAGES OF MYSELF IN ANY PHOTOGRAPHS, VIDEO, RESULTS, PUBLICATIONS OR ANY OTHER PRINT, VIDEO, GRAPHIC OR ELECTRONIC RECORD OF THIS EVENT FOR LEGITIMATE PURPOSES. I HERBY WAIVE ANY AND ALL CLAIMS AGAINST FLEET FEET & MARTIN WHICH MAY ARISE AS A RESULT OF THE MISUSE OF THE ABOVE MATERIALS. I certify as a material condition to my being permitted to enter the race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or parent or adult guardian for all children under the age of 18 years) having read and agreed to the above waiver.

Participant/Parent/Guardian:

Date: _____

Parent Must Sign Waiver if Child is Under 18 years Old

RACE PROCEEDS TO BENEFIT:

Cleveland Clinic's Frances Langford Heart Center and mLife.