



Presents

Go Make a Difference



5k Run/Walk

Saturday April 21, 2018

6:30 AM Check-in/Registration Opens

8:00 AM Race Starts (promptly!)

Awards ceremony to follow.

Entry Fees

\$25 Through April 20th

\$20 Runners Under 13 Years Old

\$30 Race Day Registration

Entry fees are nonrefundable

Awards

Top 3 Overall Male & Female

Masters Male & Female

Top 3 in each age group:

9 and under, 10-11,

12-14, 15-17, 18-24,

then each 5 years to 85 & over.



Amenities

- ❖ Post-Race Mimosas
- ❖ Finisher Medals
- ❖ Post-Race Massage
- ❖ Food & Refreshments
- ❖ T-Shirts & Goody Bags

NEW LOCATION!

Clark Office Building
5111 S. Ridgewood Ave.
Port Orange, FL 32127

Course Information

Scenic course along the Halifax River. Professionally chip-timed and scored by RaceSmith, Inc. Race results will be posted online at www.RaceSmith.com



Pre-Register online at www.RaceSmith.com through April, 20th or complete the entry form below. Make checks payable to "Andy and Molly Clark Foundation" and mail the form and the check to 5111 S. Ridgewood Ave. Suite 201, Port Orange, FL 32127. **All proceeds go towards Lourdes Academy**, a 501©3 school which helps change lives through a high-quality education in a loving, safe environment.

ENTRY FORM

First Name: _____ Last Name: _____ Gender: [] M or [] F

Street Address: _____ Date of Birth: _____ Age: _____

City: _____ State: _____ Zip: _____ Adult Shirt Size: S [] M [] L [] XL [] XXL []

Email: _____ Phone: _____

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound and do hereby for myself, my heirs, and executors waive all rights and claims for damages which may hereafter accrue to be against All Aboard Properties, RaceSmith, Inc., Volusia County, and City of Port Orange, any subsidy or political division thereof, its or their respective officers, agents, employees, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained and suffered by in connection with my association with entry or participation in the event as it is mentioned above. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for these actions. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photography, videotapes, motion pictures, recordings, or any other record of this event for any purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature (or parent if under age 18): _____ Date: _____

Contact 5k@allaboardstorage.com with any questions