



**Sunday, October 13, 2019
at Advent Health Palm Coast**

Race Start - 7:45am, 1 Mile Pet Fun Run - 8:30am, Kids Fun Run - 8:45am

Prizes and Awards

Prizes will be awarded to overall male and female and top three runners in the following age groups: 8 & Under, 9-12, 13-15, 16-19, 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 and up.

Corporate/Group/Family teams will be recognized for the most enthusiasm and participation

Pink Army Awards - 9:15am

Packet Pickup

Packet Pickup will be available at the Palm Coast Community Center (305 Palm Coast Pkwy. NE.) on Thursday, October 10, and Friday, October 11, from 9:00am till 6:00pm, Saturday, October 12, from 9:00am till 3:00pm, and on race day beginning at 6:30am at Advent Health Palm Coast. Registration & payment will be accepted the morning of the race. City of Palm Coast will only accept cash or check on race day.



Raising Money for Breast Cancer Awareness, Education and Screening.

Registration

By October 1 at 5pm.....	\$25
October 2-12.....	\$30
Race Day Entry Fee.....	\$35
Student Rate (Grades K-12).....	\$10
Team Deadline Friday October 5th	
Non-Timed 1 mi. Fun Walk (pet friendly).....	\$25

Registration Fee is Non Refundable

Register online at
www.palmcoastgov.com/PinkArmy5K

or make checks payable to:
City of Palm Coast
and mail with entry form to
City of Palm Coast
Attn. Pink Army 5K
305 Palm Coast Pkwy. NE.
Palm Coast, Fl. 32137

For More Information

Palm Coast Parks & Recreation
Phone: 386.986.2323
email:parksandrecreation@palmcoastgov.com

Name: _____ Sex: M F Age on Race Day: _____ Date of Birth: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Tech Shirt Size: YS YM YL Small Medium Large X-Large XXL
 (circle one) 5K Run or 1 Mile Walk Team Name: _____

2019 INDEMNIFICATION, HOLD HARMLESS AND RELEASE FOR THE PINK 5K

I, the undersigned individual, desire to participate in the PINK ARMY 5K. I acknowledge that the PINK 5K is a test of a person's physical and mental limits and it carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE PINK 5K. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf and I expressly acknowledge that it is my intent to take these actions. I hereby:

(a) AGREE to abide by the competitive rules adopted by PINK 5K;
 (b) AGREE that prior to participating in this event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility, or area;
 (c) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOST OR STOLEN ITEMS, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM THE EVENT, ADVENT HEALTH PALM COAST, THE CITY OF PALM COAST, ITS EMPLOYEES, VOLUNTEERS, AND AGENTS, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY NEGLIGENT ACTS OF ANY OTHER PERSON OR ENTITY;
 (d) ACKNOWLEDGE that there will be traffic on the course route, and I ASSUME THE RISKS OF RUNNING AND PARTICIPATING IN THIS EVENT. I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in this event, including but not limited to, falls, contact or crashes with other participating in this event, weather including heat or humidity, defective equipment, the condition of the roads and railroad crossings, water hazards, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned in paragraph (c) or other person or entities;
 (e) AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH (c) for any of the claims, losses, or liabilities that I have waived, released or discharged herein;
 (f) INDEMNIFY AND HOLD HARMLESS THE PERSONS AND ENTITIES MENTIONED IN PARAGRAPH (c) for any and all claims made or liabilities assessed against them as a result of my actions or inactions;
 (g) GRANT PERMISSION for the use of my name and/or likeness relating to my participation in the PINK ARMY 5K event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my likeness by the City;
 (h) UNDERSTAND and accept that my entry fee is non-refundable under any circumstances; and
 (i) AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, AND THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.
 (j) I give permission to the City of Palm Coast to take photographs and video recordings of my(our) child and my(our) family members while participating in the Event, and further agree that City may use said Child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials, without reservation or limitation, in print, on the City website, or other broadcast or social media. These photographs will only be used for City promotional and informational purposes and will involve no compensation to me(us) or my(our) family members for any photograph.

_____ YES, I(we) give my(our) permission for my(our) child/family members to be photographed.

_____ NO, I(we) do not give permission for my(our) child/family members to be photographed.

Printed Name: _____ Signature: _____ Date: _____