



UNIVERSITY OF ST. AUGUSTINE

FOR HEALTH SCIENCES

16th Annual USA 5K

Saturday, March 28, 2015

5K Walk/5K Run 8:30 a.m.

Free Health & Fun Fair 9:00 a.m. – 11:00am

Location: University of St. Augustine Campus: Just East of Flagler Hospital

REGISTRATION

Registration Fees Until March 1, 2015	Registration Fees From March 2 - March 27, 2015
\$10.00 Children 14 and under and ages 65+	\$15.00 Children 14 and under and ages 65+
\$10.00 ACRR members/Military/Students, USA Faculty, USA Staff, and USA Alumni	\$15.00 ACRR members/Military/ Students, USA Faculty, USA Staff, and USA Alumni
\$15.00 Adults	\$20.00 Adults
RACE DAY (March 28th) REGISTRATION FEE = \$30.00	
Make checks payable to: "USA 5K" and mail entry form with check/cash to: University of St. Augustine c/o USA 5K, 1 University Blvd, St. Augustine, FL 32086 All fees include a Free T-Shirt	

Top Prize Money	Top Male Winner = \$200.00 Top Female Winner = \$200.00
Award Medals	Presented to the top finishers in each of the following 5K RUN male and female age groups: Under 9, 10-14, 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 and over.
5K Course <i>Race Chip Timing!</i>	Starts behind Flagler Hospital and curves down Shore Drive along the beautiful intracoastal waterway and returns to the front of the USA Campus.
Race Packet Pick-up	Pick-up at USA's Campus on Friday, March 27 from 12pm to 7pm and early on race day!
Post Race Celebration	Free food/drinks, Awards ceremony, DJ with great music, and Health and Fun Fair...
Free Health Fair	Dynamic health fair booths from cholesterol/health screens, post race massages, cancer awareness, nutrition, wellness, PT, OT, Flagler Family Medicine, and more...
Free Fun Fair	Free Food from our super sponsors – see logos on back. Inflatable moonwalks/slides, face painting, BIG Fire trucks, Police vehicle, Marine Rescue, Surf Station, super heroes, free t-shirts and much more.
Benefitting	The Wildflower Clinic All proceeds will help serve the needs of people in St. John's County.

OFFICIAL ENTRY FORM

Official
Use Only

First Name																				Last Name																					
M		F		S		M		L		XL		XXL		Child Lg		Child Med		Child Small																							
Age		Sex		T-Shirt Size										T-Shirt Only		Amount Paid With Entry		Additional Donation		Total Amount		Check		Cash																	
Street Address																				Apt. #																					
City																				State		Zip code																			
Telephone Number																				ACRR		Student		Military		Faculty/Staff		Alumni		5K WALK		5K RUN									

I give permission for my picture to be used (if taken) for promotional use for the race i.e. Newspapers, website

I understand that running a road race is a potentially hazardous activity which could cause injury or death, I should not enter and participate unless I am medically and properly trained, and by my signature I verify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever, I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. Having read the waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release the Organizers of this event and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature

Date