

The Town of Indialantic presents the 15th Annual Witch Way 5k Walk / Run October 12, 2024

FRIDAY OCTOBER 11, 2024
10am - 630pm Early Packet Pick Up +
Registration
Running Zone

SATURDAY OCTOBER 12, 2024
345pm - 445PM Packet Pick Up +
Registration
Nance Park
5PM Race Start followed by Awards +
After Party
Nance Park



COURSE: www.witchway5k.com
ENTRY FEES (non refundable):
Before October 11, 2024:
Adults: \$35 <12 yo: \$25
Race Day October 12, 2024:
Adults: \$40 <12 yo: \$30



AWARDS: Male + Female
Overall: 1st, 2nd, 3rd
Age Groups: 1st, 2nd, 3rd
Masters (40+): 1st
see website for age groups

15th Annual Witch Way 5k Walk / Run 2024 Official Race Entry Form

To register and pay by credit card, please go to www.RunningZone.com. To pay by check, please fill out this form and mail to Running Zone at 3696 N Wickham Rd Melbourne, FL 32935. Make checks payable to **The Town of Indialantic**.

Date _____ Payment Type: Cash Check - Check # _____
 DOB _____ Age on Race Day _____ Gender: Male Female
 Last Name _____ First Name _____ Middle Initial _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____
 Team Name _____
 School Participation _____
 Shirt Size: YM S M L XL

Dogs will not be permitted.

T shirt disclaimer: Only racers who register before October 1, 2024 are guaranteed a race T shirt

In consideration of my entry form being accepted, I intend to be legally bound, and do hereby, for myself, my heirs and executors, waive and release all rights and claims for damages which I may have or may hereafter accrue to me against the Town of Indialantic, Running Zone Race Management, Inc., and the officers, agents, employees, representatives, successors, and assigns of each, as well as all sponsoring organizations and their representatives, for any and all damages or injuries which may be sustained or suffered by me in connection with any association or entry or participation in the Indialantic Witch Way 5K Run. If I should suffer injury or illness, I authorize the officials of the race to use discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest that I am physically fit and have sufficiently trained for the competition of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

APPLICANT SIGNATURE OR 18 AND UNDER, PARENT/GUARDIAN SIGNATURE _____