



## Run for the Health of It 5K & 8K Run/Walk

Saturday, March 21 @ 9 a.m. | 108 Santa Rosa Blvd., Okaloosa Island

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Select Race: 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ 8K Walk \_\_\_\_\_ 8K Run \_\_\_\_\_

T-shirt Size: Adult: S M L XL 2XL 3XL --OR-- Youth: S M L

*T-shirts guaranteed if registered by March 8, 2020*

Registration: Adults - \$25 • Kids under 18 - \$20 • Week of (Adults) - \$30

Register on **Active.com** or send registration and check by mail to:

**White-Wilson Community Foundation**  
**1005 Mar Walt Dr., Fort Walton Beach, FL 32547**

*Please make checks payable to: White-Wilson Community Foundation*

Packet pick-up: Fri. March 20 • 4:00-6:30 p.m. @ AJ's Oyster Shanty, 108 Santa Rosa Blvd, FWB  
Day of pick-up & registration: 8-8:45 a.m.

- **Awards for Runners: Overall Male and Female, Master and Grandmaster**
- **Awards for Runners: Male and Female 3 deep in 10 year age groups**
- **Awards for Walkers: Top three Male and Female walkers**

I know that running [volunteering for] a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I 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 attest that I have read the rules of the race and agree to abide by them. 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 will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release The White-Wilson Community Foundation, White-Wilson Medical Center, the City of Ft. Walton Beach, all event 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. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature if under 18: \_\_\_\_\_ Date: \_\_\_\_\_