AdventHealth CORPORATE 5k

ADVENTHEALTH CORPORATE 5K • Lake Eola, Downtown Orlando • Thursday, May 8, 2025 • 6:45pm

PARTICIPANT REGISTRATION FORM

ALL PARTICIPANTS MUST COMPLETE THIS FORM
Photocopy this form as necessary for each participant

OFFICIAL USE ONLY

COMPANY

LAST NAME | FIRST NAME | AGE (On Race Day) | M F

HOME ADDRESS

CITY | STATE | ZIP CODE | BIRTH DATE (MONTH – DAY – YEAR)

E-MAIL ADDRESS: _____

○ CEO/PRESIDENT ○ ENTREPRENEUR (3 Employees or less) ○ FULL TIME ○ PART TIME ○ GUEST / NON-EMPLOYEE

☐ WALKER (40 minutes or over) ☐ RUNNER

BUSINESS PHONE | HOME PHONE

SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

ENTRY FEE * *Includes Processing Fee*

☐ $37 * Thru April 25 ☐ $42 * April 26 - May 1 ☐ $48 * May 2 - May 7

PREDICTED 5K FINISH TIME: ☐☐ (MINUTES) : ☐☐ (SECONDS)

☐ NEW PARTICIPANT ☐ PAST PARTICIPANT

PLEASE READ AND SIGN THIS WAIVER:

Waiver: I know that participating in a run/walk event is potentially hazardous. I will not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with the event, including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course. All of these risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself, and antyone acting on my behalf, waive, release and hold harmless Event Marketing & Management International, Insurance Office of America, Track Shack Foundation, Track Shack Fitness Club, all suppliers, all sponsors, and its affiliates, the City of Orlando, all the aforementioned named parties' respective directors, officers, employees, agents, assigns, representatives and successors and any individual or group associated therewith, from and against all claims, damages, liabilities, costs of expenses, of any kind, including reasonable attorneys' fees, arising out of my participation in this event even though that liability may arise out of my negligence or careless and/or the negligence or carelessness of any individual or organization named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of this event, for any legitimate purpose. I am of legal age, have read this release, fully understand it, and freely agree to all of its terms.

SIGNATURE: X _____

INSTRUCTIONS AND REMINDERS

1. Complete the participant registration form above. Give to your Team Captain along with the registration fee, or take to Track Shack, 1104 N. Mills Ave., Orlando, FL 32803
2. Make sure you receive your assigned bib number from your Team Captain prior to or on race day.
3. Be sure you know where your company meeting area is on race day. The race staff will not know where your team is meeting.
4. The start line will be divided into sections; your race number will be color coded for your section.
   Red Wrist Bands = Seeded Runners (selected by Team Captain); Green Race # = CEO & Entrepreneur; Orange Race # = All Other Runners
   Purple Race # = All Walkers. Only seeded & CEO runners should be in the front corral. Walkers should line up towards the back.
5. As you finish the run, move quickly through the finish area. Please remember your finishing time as it appears on the finish line clock. Report this exact time to your Team Captain.
6. Each runner is responsible for knowing and complying with all official rules and regulations.
7. Restrictions: For safety reasons, baby joggers/strollers, bicycles, scooters, roller-skates, in-line skates and dogs will be prohibited from the race course. The use of headphones is discouraged. You must be 8 years old to participate. Children under age 10 must be accompanied by an adult.