

Wuesthoff Health System  
31st Annual  
**SET THE PACE**  
**5K CLASSIC**

Saturday, March 27, 2010

**New chip timing will be provided and monitored by Running Zone!**

**Times:**

<b>5K Run/Walk</b>	8:00
<b>Kiddie Run</b>	9:00
<b>Awards Ceremony</b>	9:15

**Entry Fees:**

<b>Public</b>	
<b>Pre-Registered</b>	\$20.00
<i>(Entry postmarked by March 19, 2010)</i>	
<b>Day of Race</b>	\$25.00
<b>Wuesthoff Associates</b>	
<b>Pre-Registered</b>	\$18.00
<i>(Entry postmarked by March 19, 2010)</i>	
<b>Day of Race</b>	\$20.00
<b>Kiddie Run</b>	Free



Benefitting the Wuesthoff Lymphedema Program



**Official Entry Form**

Last Name				MI	First Name			
Street Address (include apartment #, P.O. Box or C/O)								
City		State		Zip		Sex		
Birth Date (m-d-yr)		Age		Adult Shirt		Phone Number		

In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs, executors, rights and claims for damages which I may have or which I may hereafter accrue to me against the "Set The Pace" 5K 2010 or any subsidiary or political subdivision thereof, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with or entry or participation in the "Set The Pace" 5K 2010. If I should suffer injury or illness I authorize the officials of the race to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all foregoing to use any photographs, video, motion picture, or any other record of the event for any purpose whatsoever.  
**I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING AT MY OWN RISK.**

5K Run/Walk

Kiddie Run

Wuesthoff Associate #: \_\_\_\_\_

(must be checked to be eligible)  
Make checks payable to:  
Wuesthoff Health System

Mail completed entry form and check to:

**Wuesthoff**  
Rehabilitation Services  
attn: Set the Pace Classic  
240 North Wickham Rd., St. 207  
Melbourne, FL 32935

Signature	Date	Parent/Guardian if under 18	Birthdate
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