



2019 Beachside Half Marathon & 5K
Sunday January 6, 2019
Riverside Park, Vero Beach
Half Marathon begins at 6:45 am
5K begins at 7:00 am
Kids Run/Toddler Dash begins at 9:30 am

Proceeds benefit IRC Healthy Start Coalition
 Because Every Baby Deserves a Healthy Start



Not just another day at the beach!

Entry is NON-REFUNDABLE and NON-TRANSFERABLE

Run For a Healthy Start	Before 8/15	Before 10/1	Before 12/15	After 12/15	US Dollars Only
_____ Half Marathon	\$60	\$70	\$80	\$90	\$ _____
_____ 5K (Fun Run)	\$25	\$25	\$25	\$30	\$ _____
_____ Kids Run/Toddler Dash	\$0	\$0	\$0	\$0	\$ _____
_____ Donation					\$ _____
All runners are guaranteed a shirt if registered by December 15, 2018.					Total Enclosed: \$ _____

In order to compete in the 1/2 marathon you must be in good health and physically prepared to take on the challenges of the event you register for. Coaches, skateboards, headphones, baby joggers, bikes and animals are prohibited on course. You must wear an official race number, and be able to complete the 1/2 marathon in 4 hours.

How to Register: Registration can be completed by using this registration form. Mail-in registration must be postmarked by 12/24/18. Make checks payable to Healthy Start Coalition and mail your registration to 1555 Indian River Blvd. Suite B241, Vero Beach, FL 32960. To register online, visit www.beachsidehalfmarathon.org Online registration will close January 3, 2019. For information on the run and upcoming events, please visit our website or call Healthy Start Coalition (772)563-9118.

Race Premiums

Half Marathon includes race shirt, finisher towel, post-race party, finisher medal, cool awards, and chip timed on a certified course. There will be a special 5 year medal to any runner that has finished 5 Beachside Half Marathons.

5K fun run includes race shirt finisher towel, and post-race party.

Timing: ChronoTrack Systems D-Tag

Packet pick-up will take place on 1/5/19 at Runner's Depot, 436 21st Street, Vero Beach from 10:00am – 5:00pm. If you are unable to pick up your packet at Runner's Depot, you can pick it up on race day between 5:30am-6:30am.

Awards: 1/2 Marathon Awards will be given to the overall male and female winners, top male and female master, top three finishers in each of the 5 year age groups, (starting with 15-19 and ending with 75+)

5K No awards

Questions: For questions or volunteer opportunities please call Healthy Start Coalition (772) 563-9118 or visit www.beachsidehalfmarathon.org

Information

Last Name: _____	First Name: _____	Age on 1/6/19: _____
Mailing Address: _____	City: _____	State: ____ Zip: _____
Country: _____	Sex: M F Date of Birth: ____/____/____	Shirt: S M L XL (circle one - unisex sizes)
Email: _____	Home/Cell Phone Number: (____) _____	
Kids Run/ Toddler Dash # of children participating _____	Number of Beachside Half Marathon finishes? _____	

WAIVER – Required

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I understand and agree to the Entry Forms and Terms and Conditions published by the Beachside Half Marathon, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Healthy Start 1/2 Marathon & 5K, I, for myself, my heirs and assigns do hereby release the Healthy Start Coalition, the City of Vero Beach, all sponsors, volunteers, staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the 1/2 Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all 1/2 Marathon & 5K events. I will not enter and run unless I am medically able and properly trained to do so. I understand that the course is open to participants for 4 hours.

If athlete is under age 18: The undersigned certifies that my son/daughter has my permission to participate in the events. The undersigned has read the foregoing release and wavier of liability agreement (above) and by signing below intentionally and voluntarily agrees to its terms and conditions. The undersigned further certifies that my son/daughter is in good physical condition and is able to safely participate in the events. I hereby authorize medical treatment for him/her and grant access to my child's medical records if necessary.

Signature of Applicant

Date

Signature of Parent or Legal Guardian (if applicant is under 18)

Date