



5th Annual Parkview Panda Prance

5K Run / Walk & RELAY 5K
Saturday April 6, 2019
Highlands Hammock State Park
Race time : 7:30 am

Make Checks Payable to : Parkview Prep Building Fund

Email questions to: parkviewpaperwork@gmail.com
Mail entry forms to : Parkview Prep Academy
107 A Miracle Avenue
Avon Park, FL 33825

5K ENTRY FORM

PLEASE PRINT and complete FULLY.

****WAIVER MUST BE SIGNED* & Race Day Age MUST BE COMPLETED.****

Last: _____ First: _____ Male _____ Female _____ Race Day Age _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: Child S Child M Child L Child XL
Adult S Adult M Adult L Adult XL 2XL

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED

In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs and executors waive all rights and claims for damages which may hereafter accrue to me against Central Florida Striders, Hammock State Park, Parkview Prep Academy, or any of its respective officers, race officials, sponsors, or agents for all claims or liabilities of my participation in this event even though that liability may arise out of the negligence on the part of any person named in this waiver. If I should suffer an injury or illness, I authorize the officials of the race 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 to participate in this event. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

*Participant's Signature (Parent/Guardian If Under Age 18) : _____

Entry Fee: 5K \$20 thru March 22nd

LATE FEE : \$30 – NO SHIRT

\$12 Special KIDS RATE : (13 & UNDER) NO SHIRT AT THIS COST

Age Groups (M & F): (5K) 6 & under, 7-9, 10-13, 14-19, 20-24, 25-29, 30-34 , 35-39, 40-44, 45-49 , 50-54, 55-59 60-64, 65-69, 70-74 ,75-79, 80+

REGISTER EARLY TO BE GUARANTEED A SHIRT!

Parkview Student Receiving Credit: _____

Additional Racers on Back ----->

Additional Racers

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Last: _____ First: _____ Male ___ Female ___ Race Day Age _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL 2XL

***Participant's Signature (Parent/Guardian If Under Age18):** _____

Last: _____ First: _____ Male ___ Female ___ Race Day Age _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL 2XL

***Participant's Signature (Parent/Guardian If Under Age18):** _____

Last: _____ First: _____ Male ___ Female ___ Race Day Age _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: Child S Child M Child L Child XL
 Adult S Adult M Adult L Adult XL 2XL

***Participant's Signature (Parent/Guardian If Under Age18):** _____