

19th ANNUAL

CHIROPRACTIC RUN FOR HEALTH

Please make check or money order payable to:

Payne Chiropractic Wellness Center

Send completed application to:

Payne Chiropractic Wellness Center

4014 Commons Drive, Unit 114, Destin, FL 32541

RELEASE FORM: (Mandatory) In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses, and damages I may have against Payne Chiropractic Wellness Center, race directors, and volunteers, any and all sponsors including other parties and their representative successors, and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit and have sufficiently trained for the competition, which I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I understand that roller skates, in-line skates, dogs or bicycles, are not permitted on the course during the Timed SK Run.

**1 have read the above and understand that I am entering the 2018 Chiropractic Run for Health at my own risk.

Signature: _____

Date: _____

If under 18, signatures of legal guardian and participant are required,

The City of Destin



STREET MAP
4200 TWO TREES ROAD
DESTIN, FLORIDA 32541



Coordinated by



www.nwftc.com

FOR ADDITIONAL INFORMATION CALL:
Payne Chiropractic Wellness Center
(850) 654-8770



**19th ANNUAL
5K COMPETITIVE
WALK AND RUN**

**Saturday
March 10, 2018**

**All Proceeds Benefit
Building Homes
for Heroes
For one of our local
Heroes!**

19th ANNUAL CHIROPRACTIC RUN FOR HEALTH



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Please make check or money order payable to:
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RACE NUMBER: _____

EVENT: RUN ____ **WALK:** ____

SHIRT SIZE: S M L XL XXL

AGE: _____ **MALE FEMALE**

NAME: _____

TELEPHONE: _____

BIRTHDAY: _____
MONTH DAY YEAR

EMAIL: _____

ENTRY FEE: _____

SORRY NO ENTRY ACCEPTED WITHOUT FEE
NO REFUNDS
ALL PARTICIPANTS FILL OUT REGISTRATION FORM

PLACE:

Clement E Taylor City Park
Calhoun Avenue- 1 mile on left
1st Left past Destin Bridge heading from FWB

COURSE:

5,000 Meter Run/Walk (3.2 ML.)

TIMES:

5K Run/Walk Start 8:00 A.M.
Pick up Packets/Shirts 7:00 A.M.
Pick up Racing Bib at 7:00 A.M.

AGE DIVISION:

5k Run/Walk/ Male & Female-starting at
0-10, 11-15, 16-19, 20-29, 30-39, 40-49,
50-59, 60-69, 70+

AWARDS 5K RUN/WALK:

Top Overall Male & Female
Runners and Walkers in open categories

T-SHIRTS:

Commemorative T-shirt for all participants who
Register prior to February 17th

PRE-REGISTER BY MAIL:

Complete~ the registration form.
Make check payable to:

Payne Chiropractic Wellness Center

And mail completed form to:

Payne Chiropractic Wellness Center
4014 Commons Drive, Unit 114
Destin, FL 32541

ENTRY FEES:

Registration (everyone)\$25.00

PRE-REGISTER IN PERSON & ONLINE:

Payne Chiropractic Wellness Center
4014 Commons Drive, Unit 114
Destin, FL 32541
Mon-Fri 7:00 A.M.-6:00 P.M.
Saturdays 8:00 A.M.-12:00 P.M.

RACE DAY PACKET PICK-UP:

Clement E. Taylor City Park

TEMPERATURE WARNING:

Participants should drink plenty of fluids (non-
alcoholic) for 48 hours prior to, during and upon
finishing the race. Beware of heat/cold injury
symptoms (dizziness, no sweating, nausea, cramps
redness, incoherent speech and thoughts). Seek
immediate assistance if symptoms occur. Wear loo
clothing.

PROCEEDS:

"Building Homes for Heroes"

AWARDS CEREMONY AND RAFFLES:

Award Ceremony will be held at Harry T's
immediately following the race. Door prizes will be
raffled at the ceremony. Applicants will receive one
complementary ticket.

FOR ADDITIONAL INFORMATION

CALL

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(850) 654-8770

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