

Bluebird Run for Brookie B

5K run/walk & 1 mile funrun/walk

Date & Time

Monday, September 3, 2018
 1M Fun Run/Walk – 8:00 am
 5K Run/Walk -8:30 am Start

Location:

J R Alford Greenway
 2500 S. Pedrick Road
 Tallahassee, FL 32317
 (south end of Pedrick Rd)

Registration

For easy online registration visit

www.bluebirdrun.com

ONLINE REGISTRATION CLOSES AT 5:00 PM SUNDAY, SEPTEMBER 2

Mail in completed entry form by **August 28** to:

NAMI Tallahassee

PO Box 14842

Tallahassee, FL 32317

Make all checks payable to: NAMI Tallahassee

Entry Fees

(all entry fees are non-refundable/nontransferable)

5K run/walk (chip timing by Gulf Winds Track Club)

\$20 thru Sunday, September 2 (\$15 without a shirt)

\$25 day of race –cash, check, credit card -shirt if available

1Mile fun run/walk

\$10 thru Sunday, September 2 (Free without a shirt)

\$15 Day of Race–cash, check, credit card – shirt if available

Day of Event Registration opens 7:15am

T-Shirts

Participants who sign up for T-shirts must register by Monday, August 27 to be guaranteed a T-shirt.

Packet Pick-Up

Pre-race pick up of race number & T-shirt at Hancock Whitney Bank, 2453 Mahan Dr., Tallahassee, Thursday, August 30, from 4:00 p.m. to 7:00 pm. Packets will be available on race day from 7:15 am to 8:15 am at the event.

Awards and Timing

Awards are given to first three finishers male and female for overall, masters, and grand masters.

Age group awards are given 3 deep to each male and female in the following categories: 14 and Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. This event will be timed by Gulf Winds Track Club with a disposable chip on bib system.

Beneficiary

Proceeds will benefit NAMI Tallahassee, the local affiliate of the National Alliance for Mental Illness and its suicide awareness and prevention efforts.

Restrictions: This is an off-road course

For safety reasons, in-line skates, skateboards, and large dogs will not be allowed on the race course. Baby joggers, strollers, and leashed small dogs are welcome but must start at the back of the starting corral.

Team Registration

Each team registered will be recognized on the Team Board at the event site.

2018 Bluebird Run for Brookie B 5K run/walk and 1 mile run/walk

Please check one:

- 5K Run/Walk
 1 Mile Fun Run/Walk

OFFICIAL USE ONLY

Last Name	First Name	Date of Birth (mm/dd/yy)	Age

Email Address

Street Address	Apt/Suite#

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

Shirt Size:	No Shirt	Youth XL	S	M	L	XL	XXL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City	State	Zip Code

Phone	Area	Prefix	Number

Bluebirdrun.com

Payable to: NAMI Tallahassee

Method of Payment	Cash	Check	Amount Enclosed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 80%;" type="text"/>
<input type="checkbox"/>			

Mail completed entry form by **August 28** to: Bluebird Run for Brookie B, NAMI Tallahassee, PO Box 14842, Tallahassee, FL 32317

All Checks Payable to: NAMI Tallahassee

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. By indicating your acceptance, you understand, agree, warrant and covenant as follows: As a condition of my entry being accepted I intend to be legally bound and do hereby for myself, my heirs, and executors, waive and release all rights and claims for damages which may hereafter occur to me against Bluebird Run for Brookie B and its sponsors, the Brookie B Fund, Bill and Mary Bowers, NAMI Tallahassee, and event volunteers, event Beneficiaries and their agents, representatives, successors, assignees, and sponsors from any and all claims or liability of any kind that may arise from my participation in this run/walk event, even though that liability may arise out of negligence or carelessness on the part of the releaseses. If I should suffer injury or illness, I authorize the officials of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest that I am physically fit and hereby grant full permission to any and all of the foregoing to use photographs, video tape, motion pictures, recordings, or any other record of this event, with my likeness for any purpose whatsoever. I also understand that by registering for this event I may receive notification about future events via the information I provide. I AM OF LEGAL AGE AND I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature Required

Parent or Guardian Signature required if under 18 years of age