

Presented by



to benefit



and



New Smyrna Beach High School
CROSS COUNTRY TEAM

6:30 am

Registration Opens

8:00 am

5K Run & Walk

9:00 am

Children's Fun Run

Register online at

www.hovf5k.org

Credit Cards Accepted

Early Registration Fee:

\$20

(Registration Fee: \$25

Nov. 17 through Race Day)

T-Shirts, Goodie Bags,
Food and Beverages

(T-Shirts guaranteed to first 200 registrants)

Attention Runners:

This race will be timed with
Champion Chips.

For more information, please call:

386.322.4701, ext. 6326

Directions:

Flagler Avenue Beach Access
is located at the east end of
Flagler Avenue over the North
Causeway Bridge/Washington
Street in New Smyrna Beach.



1st Annual SALT Spray 5K - RUN & WALK -

Sunday, November 22, 2009

Flagler Avenue Beach Access Parking Lot, New Smyrna Beach, FL

REGISTRATION - PLEASE PRINT

Name _____ Age on Race Day _____ Date of Birth _____ / ____ / ____
 Address _____ Male Female
 City _____ State _____ Zip _____
 Phone (Home) _____ Phone (Work) _____ Email _____

T-shirt Size: Youth (M) S M L XL XXL
 (Adult Sizes)

Team Name (if applicable) _____

Event:

- Children's Fun Run (10 & under)
- 5K Run
- 5K Walk
- Family of Four (Complete registration form for each family member)

* Youth: 18 yrs. old & under

Entry Fee:

- \$ 5
- \$ 20/\$15 Youth*
- \$ 20/\$15 Youth*
- \$ 50

Method of Payment:

I have enclosed a check made payable to Halifax Health - Hospice of Volusia/Flagler

Please bill my: MasterCard Visa AMEX

Card # _____ Exp. Date _____

Name as it appears on the card _____ Signature _____

Please mail registration form and payment to:
SALT Spray 5K Run & Walk, 3800 Woodbriar Tr., Port Orange, FL 32129

Pre-Registration & Packet Pick-Up

November 20, 12:00 - 7:00 pm, Southeast Volusia Chamber of Commerce, 115 Canal St., New Smyrna Beach

Waiver Form:

I, the undersigned, hereby represent that I do not have any medical/physical conditions which would be adversely affected and/or aggravated by my election to participate in the 5K Run & Walk. I do hereby release and forever discharge Halifax Hospice Inc., (d/b/a) Halifax Health - Hospice of Volusia/Flagler, all event sponsors, Halifax Health, Halifax Health - Medical Center of Port Orange, their officers, employees, agents, administrators, and assigns from any and all claims, demands, actions or rights of action, of whatsoever kind or nature, arising from or by reason of any bodily injury or personal injuries resulting from any occurrence as a result of my election to participate in said event.

I give my full permission to Halifax Health - Hospice of Volusia/Flagler and event sponsors to use my name, any photographs and video tapes that are made during the event.

Dated this _____ day of _____ 2009.

Participant Signature _____ Date _____ / ____ / ____

Parent/Legal Guardian Signature (if participant is under 18) _____ Date _____ / ____ / ____

Halifax Hospice, Inc., d/b/a Halifax Health - Hospice of Volusia/Flagler is exempt from federal income tax under Section 501(c)(3) I.R.C. Contributions are tax deductible to the extent allowed by law. Our tax ID number is 59-2661284. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352 OR CALLING OUTSIDE THE STATE 850-488-2221. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

If you need additional registration forms please visit www.hovf5k.org.