

6th Annual ibmed-share **Run for Relief**

5K / 10K Saturday April 4, 2020

Hillsborough River State Park

15402 US-301 N, Thonotosassa, FL 33592

<https://goo.gl/maps/3NCzh6VT3n2CzrFQ6>



Registration Link: <https://runsignup.com/Race/FL/Thonotosassa/RunforReliefibmedshare>

All race proceeds benefit disaster relief and refugee support by Lecanto High School Ib service-learning students

Categories: Overall 1st Place: Male & Female; Overall 2nd Place: Male & Female Top 2 Finishers:

5-9; 10-14; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80 & over

Pre-registration online: 5K \$20 adults; \$10 students
10K \$35 adults; \$20 students

Race Day Registration: 5K \$25 adults; \$15 students
10K \$40 adults; \$25 students

Event Day Schedule:

6:30 to 7:25 a.m.: - **P a c k e t** pickup and race day registration

7:30 5K / 10K Simultaneous start

10:00 Awards — Snacks — Drinks

Sponsored by Lecanto High School ibmed-share club event directors:

Anjli Deven: devena853@citruschools.net **Nikhil Chakkoli:** chakkolin159@citruschools.net

Saanvi Kamat: kamats431@citruschools.net **Sumanth Chandrapatla:** chandrupatlas848@citruschools.net

Christine Bruce: brucec077@citruschools.net

<https://runsignup.com> then search Florida: **ibmed-share Run for Relief 5k/10k OR Drop off or Mail in**

Please Cut Off and Return to: ibmed-share 5K, 3810 West Educational Path, Lecanto, FL 34461

Make Checks Payable to: Lecanto High School ibmed-share club /age on date of event

Name: _____ Age: _____ M/F _____ Address: _____

(include zip) _____ Email Address: _____

Parent/Guardian: (if under 18 day of event) _____ Phone: H _____ W _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Allergies or medical conditions: _____

I understand that running/walking is a physical sport and injuries may occur. I release the club organizers, sponsors, staff and administration of Lecanto High School, the employees or sub-contractors from David D Bullock, LLC or IC for timing from any legal responsibilities for any possible injury or consequences that may occur. I also authorize the meet director/club sponsor of the event to act on my behalf if an injury occurs and I cannot answer responsibly. I understand if my child under the age of 18 is participating, the same procedures apply to my child.

(Parent)Signature: _____ Date: _____