

Mariners Hospital Gordon Present 5K Walk/Run

Times

Pre-race Registration:

Friday, November 20, 5-7 p.m.
Mariners Hospital, MM 91.5, Tavernier

Race Day Registration:

Saturday, November 21, 6:30-7:30 a.m.
Treasure Village Montessori School, MM 86.7

Start of Race:

Saturday, November 21, 8 a.m.

Course Information

Partially shaded, scenic 5K (3.1-mile) route on the Old Highway (5K USATF certification by Don Nelson, Key West Southernmost Runners Club). The race starts at Coral Shores High School and ends at Treasure Village Montessori School.

Race Day Information

Parking is available at Treasure Village Montessori School, MM 86.7. Race day registration will take place 6:30-7:30 a.m. at the Montessori School. Buses will take participants from the Montessori School to the race's starting point at Coral Shores High School. The bus will leave from Treasure Village Montessori School at 7 a.m., 7:20 a.m. and 7:40 a.m.

PLEASE NOTE: Walkers cannot run any portion of the course. Runners can run or walk.

Race Participant Wellness Fair

As participants finish the race, they will be able to participate in a Wellness Fair. Mariners Hospital will offer free cholesterol, glucose, blood pressure and body mass index screenings. Massage therapy also will be available.

Awards Ceremony

Medals and ribbons will be awarded at the end of the race in the Montessori School courtyard. Awards will be presented to the top three finishers in each run age group, top two finishers in each walk age group, first overall male runner and walker, and first overall female runner and walker.

Run Age Groups:

Nine and younger; five-year age groups to 70 and older

Walk Age Groups:

Nine and younger; 10-14; 15-19; 10-year age groups from 20 to 70 and older

Center for Excellence in Nursing

Proceeds from the race will benefit the Mariners Hospital Center for Excellence in Nursing. Donations to the Center will be used in programs targeted by nurses for nurses. These include:

- **Nursing education** – provide advanced training for nurses.
- **Scholarships** – assist women and men studying to become nurses.
- **Technology** – automate time-consuming tasks, allowing nurses to spend more time with patients.
- **State-of-the-art equipment** – prevent injuries, increase quality nursing time.

Entry Fee

Early Entry \$20
 Day of Race Entry. \$25
 First 200 entrants are guaranteed T-shirt and ditty bag.

Please return registration form with entry fee or donations to:

Mariners Hospital Foundation
91500 Overseas Highway
Tavernier, FL 33070

Make checks payable to Mariners Hospital Foundation (CEN)

For additional information:

Phone: 305-434-1026
Fax: 305-434-1581
E-mail: jamien@baptisthealth.net



Mariners Hospital

Release Form (Mandatory)

I know that running and walking are potentially dangerous activities. I should not enter the Mariners Hospital 5K Walk/Run for Wellness unless I am medically able and properly trained. I agree to abide by the decision of a race official regarding my ability to complete the Run/Walk safely. In consideration of being accepted, I hereby assume all risks arising out of this event and release and hold harmless the sponsors, officials, volunteers, administrators and all other persons associated with Mariners Hospital from any and all liability claims, or causes of action of every kind and nature arising out of or relating to my participation in this event. I authorize officials of the Walk/Run to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I grant full permission to any and all of the foregoing for any photography, videotapes, motion pictures, recording or any other record of this event for any purpose. I further understand that my entry fee is nonrefundable. **ANIMALS, BIKES, SKATES, SKATEBOARDS, ROLLERBLADES AND HEADSETS ARE PROHIBITED ON THE COURSE DURING THE WALK/RUN. NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER.**

Signature of Participant

Date

Signature of Parent or Legal Guardian
if participant is younger than 18

Date

- I will participate; payment is enclosed.
- I will participate and would like to make an additional donation to the Center for Excellence in Nursing at Mariners Hospital.
- I will not be able to participate, but a contribution to the Center for Excellence in Nursing at Mariners Hospital is enclosed.

Payment:

\$ _____

Write check payable to Mariners Hospital Foundation (CEN)

Check # _____ Cash (for office use)