



# Florida Department of Health's Inaugural Statewide 5K

## All the Particulars!

- Save-The-Date:** Saturday, Sept. 26, 2015  
8am to 10am
- Where's the Fun:** [Good Neighbor Trail](#), Brooksville's old train depot  
70 Russell Street, Brooksville, FL 34601
- How it Works:** You can Walk, Jog, Run, or Amble along the Good Neighbor Trail at your own pace!
- Goodies:** First 150 people who register receive **FREE** Water Bottle, T-Shirt, and Medallion!
- Ready To Go:** To Walk / Jog / Run, sign-up at [Registration](#). Please invite friends, family, people you don't know, and pass along the sign-up link!
- Not So Active:** If Walking, Jogging and Running aren't your thing, no worries, we can use a few helping hands! Fill out this "[I'd Rather Volunteer](#)" form  
All volunteers receive goodies too -- T-Shirt, and Medallion!

## We're thinking you may have questions!

- Where do I sign up?** <http://www.active.com/brooksville-fl/running/move-to-health-5k-2015>
- Family / Friends?** Absolutely, this is a communitywide event, open to everyone
- Is there a minimum age?** No, but adults should be with kids under age 18
- Can I register that day?** We encourage everyone to register ahead of time so we know what to expect. But, people can register that day also, starting at 6:30am. Follow this link [Registration](#).
- One form per person?** Each person fills out an individual "[Registration](#)"
- Can I bring my dog?** The trail's pretty narrow and we're hoping for a good sized crowd, so we're discouraging any dogs.
- What is a 5K anyhow?** "5K" stands for five kilometers, which equals 3.1 miles. 5K races are one of the most popular races in the US right now.
- 5K Fun Facts!** Kilometer = 3.1 miles; 16,368 feet; 5,000 meters
- Not in top racing form!** Here's a very cool App to help train for the event:
- Walk:** [Training Plan for Walkers](#)
- Run:** [Training Plan for Joggers and Runners](#)
- How's the App work:** Enter the "race date" and the App produces a training schedule
- Other features?** Enter your address and the App provides training routes
- Does it run the race for me?** Nope. That's your gig!
- Web Links:** **Volunteer** -- <https://www.surveymonkey.com/r/FDR9QYF>  
**Registration** -- <http://www.active.com/brooksville-fl/running/distance-running-races/move-to-health-5k-2015>  
**Train to Walk** -- <http://www.walkjogrun.net/training/5k/training-plan.cfm?planId=5k-beg-walk>  
**Train to jog or run** -- <http://www.walkjogrun.net/training/5k/training-plan.cfm?planId=5k-beg-sofa&week=1&raceDt=10/25/2015%23Monday>  
**Good Neighbor Trail** -- <http://www.trailink.com/trail/good-neighbor-trail.aspx>  
[http://www.ci.brooksville.fl.us/index.php?option=com\\_content&view=article&id=100&Itemid=235](http://www.ci.brooksville.fl.us/index.php?option=com_content&view=article&id=100&Itemid=235)

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**Florida's Healthiest Weight 5K**  
**Consent, Waiver, Assumption of Risk and Release of Liability**

I, \_\_\_\_\_, understand that participation in Florida's Healthiest Weight 5K ("Event") presents certain risks and hazards including, but not limited to, falls, slips, muscle strains, sprains, bruises, broken limbs, dehydration, serious medical problems, hazards along the route, vehicular traffic, and other ordinary risks associated with strenuous physical activity, including death. I acknowledge that I understand that I should consult with my physician prior to engaging in any physical activity. I do not have a past or present medical condition that may be affected by participating in this Event or that I have obtained clearance from a physician before participating in this Event. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and I voluntarily accept and assume all risks involved with this Event as a participant, including any injury or accident which may occur to me or my property.

In consideration of value received by the right to participate in Florida's Healthiest Weight 5K, I, for myself, my attorneys, heirs, executors, administrators, successors and assigns, do hereby waive, release and forever discharge the State of Florida, Department of Health, and its employees, agents, volunteers and/or contractors assisting with this Event (hereinafter the "Released Parties") from all manners of action, causes of action, suits, debts, damages, claims, expenses, and liability of any type or kind whatsoever arising from or in connection with this Event, including acts of negligence by the Released Parties. Further, I agree to indemnify and hold harmless the Released Parties from and against all liability, claims, suits, demands, damages, judgments, costs, and expenses, including reasonable attorney's fees, to which any of the Released Parties may be subject by reason of any claim arising from or in connection with this Event.

I also acknowledge and give my consent to release the use of any images of me obtained during this Event to be used in any publication or news release promoting or reporting on this Event.

**I have read this Consent, Waiver, Assumption of Risk and Release of Liability, fully understand its terms, understand that I give up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date Signed

**Parent or guardian consent for children under 18 years of age:**

I agree to allow my child, \_\_\_\_\_, to participate in this Event. I have read the above-stated consent, waiver, assumption of risk, and release of liability and agree to its terms. I represent that my child is in good physical condition and able to participate.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date Signed