16th Annual Miracle Miles 15k & 5k Presented by Panera Bread

Date & Times

Saturday, September 20, 2014

7:00 am: 5k (3.1 miles) • 7:20 am: 15k (9.3 miles) • 9:30 am: Kids' Fun Run • 9:45 am: Walk-For-Winnie • 10:00 am: Awards

Location

Lake Eola, Downtown Orlando 101 North Rosalind Avenue, Orlando, FL 32801 (Corner of E. Central Ave. & N. Eola Ave.)

Registration: www.MiracleMilesRun.com

Walk in or mail completed entry form to Track Shack • 1104 North Mills Avenue Orlando, FL 32803 • 407-896-1160

Make check payable to: Track Shack Fitness Club

Entry Fee (Non-Refundable)	15k	5k*
Thru Sept. 13	\$35	\$22
Sept. 14-19	\$40	\$25
Race day Cash/Check only	\$45	\$30
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*5K race is an untimed event

Packet Pick-Up

Pick-up race number, t-shirt, and information at Race Headquarters, **Track Shack**, Wednesday, Sept. 17 - Friday, Sept. 19 from 10 am to 7 pm. Packets will also be available on race day at the race site from 6 am to 7 am.

T-Shirts

All registrants receive a commemorative race t-shirt. Sizes not guaranteed on race day. The first 2,000 entrants in the 15k will receive a tech tee, 5k participants will receive a cotton t-shirt.

Awards - ChronoTrack B-Tag scored (15k Only)

All 15k finishers will receive a finisher's medal.

First 15k male and female finishers will each receive a luxury watch from Tharoo & Co.

15k awards will be given to:

Top three overall females and males

Top female and male masters

Top three females and males in each age group

For a complete description of age group categories visit

www.TrackShack.com.

5k awards will be given to: Top three overall females and males Top female and male race walker

(No other times will be recorded)

Kids' Fun Run

Participation is free! Each child will receive a finishers' ribbon. NOTE: Kids' Fun Run registration is only available on the day of race at race site.

Beneficiary

Funds from the event benefit the Alexander Center for Neonatology at Winnie Palmer Hospital for Women & Babies. Proceeds will provide capital funds for one of the largest neonatal units in the nation. For more information about Winnie Palmer Hospital's Neonatal Intensive Care Unit, visit www.WinniePalmerHospital.com

FLORIDA DISCLOSURE STATEMENT: CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR INCOME TAX PURPOSES TO THE EXTENT ALLOWED BY LAW. THE FOUNDATION RECOMMENDS THAT YOU CONSULT WITH YOUR TAX ADVISOR CONCERNING ALLOWABLE DEDUCTIONS. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE, 800.435.7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE FOUNDATION IS A REGISTERED CHARITABLE ORGANIZATION (CH577).

Register, form teams, and fundraise for tiny babies at www.MiracleMilesRun.com

Miracle Mile	 s 15k & 5k	1	5k □ 5k□	OFFICIAL USE ONLY
Last Name	First	Name	Initial Gender M F	If under 18, a parent or guardian mussign an alternate waiver.
Address (Street)			Apt. /Suite # Date of B	Sirth Age (on Race day)
City		State Zip Code	E-mail Address	
Day Phone		Evening Phone		T-shirt size 15k 5k
		<u> </u>		S M L XL 2XL
Method of Payment Cash Check Charge		_Amer. Ex. Expiration Date:	Amount Enclosed	Make check payable to: Track Shack Fitness Club (TSFC) Mail completed entry form to:
		Month Year		Track Shack, 1104 N Mills Ave Orlando, FL 32803, 407-896-1160

INCOMPLETE OR UNSIGNED ENTRY FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to me against Track Shack, Track Shack Fitness Club, Event Marketing and Management International, Inc., Orlando Health, USA Track & Field and any of the sponsors in the event upon which I am entering, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by me in connection with my association with entry or participation in the Miracle Miles events as mentioned above. If I should suffer injury or illness I authorize officials of the race to use their discretion to have me transported to a medical facility, and I take full responsibility for these actions. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Bicycles, dogs, inline/roller skates, headphones are prohibited. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature Required (If 17 or younger, parents must sign alternate waiver.)	Date