

Florida Hospital DeLand  
invites you to the



Sunday, February 21, 2010



FLORIDA HOSPITAL  
DELAND

*Where patients are neighbors, not numbers.*

701 West Plymouth Avenue, DeLand FL 32720  
(386) 943-4522 | [www.fhdeland.org](http://www.fhdeland.org)

## On Sunday, February 21, 2010 Florida Hospital DeLand will host the third Annual Faith and Health 5K Road Race and Fitness Walk.

This event offers community members a day to focus on both spiritual and physical health and enhance their quality of life. From 2 – 5 pm, the hospital will host a health fair with information booths, community businesses and free health screenings.

All proceeds will go to benefit the Florida Hospital DeLand Cancer Institute.

### Date:

February 21, 2010, 2 – 5 pm  
(Race begins at 3 pm)



### Location:

Lake Beresford Park



#### Driving directions:

In DeLand, take S.R. 44 west to Spring Garden Avenue (S.R. 15A). Turn south (left) on S.R. 15A. Turn west (right) onto W. Beresford Avenue (C.R. 4112). Turn south (left) on Fatio Road. Deerfoot Landing Park is on the right.

### Age Categories:

Ages 11 & under, 12-14, 15-17, 18-29, 30-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & up

### Additional Information:

Top overall male and female and top three in each male and female age group will receive awards. Results will be posted at the race and online at [www.altavistasports.com](http://www.altavistasports.com). For more information, call 386-736-0002.



## Registration:

Enter online at [www.altavistasports.com](http://www.altavistasports.com) or mail completed form and entry fee to:



Alta Vista Sports ATTN: FHD 5K  
P.O. Box 1700, DeLand, FL 32721

#### Entry Fee:

\$20 before February 12 (by mail) or February 15 (online)  
\$25 day of race

Make checks payable to 'Florida Hospital DeLand 5K'



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Shirt size: S( ) M( ) L( ) XL( ) Age category: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

**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 and assigns, waive and release all rights and claims for damages which may hereafter accrue to me against Florida Hospital DeLand, its subsidiaries and affiliates, officers, agents, directors, representatives, and sponsors, Alta Vista Sports, the city of DeLand, Florida, and the County of Volusia, Florida, as a result of my participation in the Florida Hospital 5K for any and all damages or injuries which may be sustained or suffered by me even though such damage or injury may arise out of negligence on the part of any of the parties named 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 am physically fit and have sufficiently trained for the completion of this event. I 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 purposes. Bicycles, baby strollers/joggers, 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Parent if under 18 years old)