



## 5K Run/Walk for Wellness

Sunday, July 18, 2010

SPRINT for Life, a Healthy Maine Partnership, and Penobscot Valley Hospital are pleased to offer the 3<sup>rd</sup> Annual 5K Run/Walk for Wellness. We welcome runners, walkers, and families to participate regardless of fitness level, knowing that each step we take moves us closer to healthier lives. All proceeds go toward the purchase of special, patient beds designed to prevent falls.

**Recommended Donation:** \$5.00, children 10 and under free

**Check In/Race Day Registration:** 7:00-7:45 am

**Race Start Time:** 8:00 am

**Location:** Race to begin and end at the PVH Rehabilitation and Wellness Center adjacent to Veterans' Memorial Square in downtown Lincoln

**Course:** 5K, pavement

**Facilities:** bathrooms/changing rooms, water stations

**T-Shirts:** available to the first 50 registrants

### AWARDS:

Certificates to male & female 1<sup>st</sup> and 2<sup>nd</sup> overall

Certificates to male & female, 1<sup>st</sup> & 2<sup>nd</sup> finishers in **age categories: 0-12, 13-19, 20-39, 40-59, & 60 and up**

*\*No duplicate award winners—no separate category for walkers*

### ENTRY FORM/WAIVER:

I know that participating in this walk/run is potentially hazardous. I should not enter unless I am medically able and properly trained. I also assume any and all risks associated with this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads and traffic, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Penobscot Valley Hospital, SPRINT for Life, event organizers, sponsors, and officials. This release and waiver extends to all claims of every kind or nature, whatsoever, foreseen or unforeseen, known or unknown arising out of my participation in the event.

Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

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

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

***\*Please make checks payable to Penobscot Valley Hospital***

Mail to: PVH Marketing and Fund Development Dept. P.O. Box 368 Lincoln, ME 04457

Applications for minors are accepted only with a parent/guardian signature.

\_\_\_\_\_  
Signature of participant/Date

\_\_\_\_\_  
Parent/Guardian if participant is under 18/Date

*"Fitness is not perfection; it's progression."*

