

Date: Saturday, 3/28/09

Where: Rochester city trails

Start/Finish: Mayo Memorial Park Trailhead

Race Day Registration/Packet pick-up: 7:30-8:30am

5K Run: 9:00am start

5K Walk: 9:10am start



## Proceeds will benefit physical therapy research via the Georgia State-Marquette Challenge

### PRIZES

Prizes will be awarded to the top males and top female finishers. Additional prizes will be awarded. All participants will receive a race T-shirt!\*\*

\*\*Guaranteed only for participants meeting the early registration deadline.

For more information or to register online, please contact:

Erin Moore  
moore.erin@mayo.edu

Nicole Usset  
usset.nicole@mayo.edu

#### Entry fees:

Early registration (postmarked by March 6)

Adults: \$20

Race day registration (after March 6)

Adults: \$25

#### Race information:

There will be 1 water stop along the course.

Water and refreshments will be available at the finish line. Emergency personnel will be on hand to assist in case of emergency.

No indoor bathroom facilities will be available.

See map and location information on back.



Please cut below this line and return:

#### Waiver

I know that running the road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. I hereby grant full permission to use my name and any photographs, videotapes, or other record of this event for any purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Rochester Track Club, the City of Rochester, the County of Olmsted, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

#### Mail form and entry fee to:

Erin Moore  
c/o Mayo PT Program  
Siebens 11-01  
200 SW First Street  
Rochester, MN 55905

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please circle one:  
Male/Female

Please check one:  
5K Run \_\_\_\_\_  
5K Walk \_\_\_\_\_

Age on race day: \_\_\_\_\_

T-shirt size: S M L XL

I would like to make a \$ \_\_\_\_\_ donation but will NOT be participating on race day.



Checks payable to:  
Race for Research