

Wellness Day 2010 Registration Form

Please send to Pro PT, 469 West Main Street, Branford CT 06405 with \$10 registration fee
Or

Register on site at any of our four locations (New Haven, Milford, Hamden, Branford)

Name: _____

Street Address: _____

Address Line 2: _____

City: _____ State: _____

Postal Code: _____

Email Address: _____

Telephone Number: _____

Shirt Size: S M L XL

What race are you entering for? (Circle below)

1. 3.4 mile run (intermediate/advanced)
2. 1 mile walk/jog (beginner)

Release and waiver (Please Read and sign)

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection might be provided, there could be traffic on the course route; therefore, I assume the risk of running in traffic. I also assume any other risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the road. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and inconsideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or an other record of the event for any purpose. If signed by a parent, the parent agrees to release and hold the above named organizations and persons harmless of any claims which may be asserted by or on behalf of the entrant.

Signature(s) all entrants must sign/Date: _____

Parent: _____ (also must sign if runner is under 18 years of age)

**Come Join us to participate in a day
to promote better health and
wellness!!**

**Sunday July 25, 2010
7:30 to 8:00 AM registration
3.4 mile run 8:30 AM
1 mile walk 8:40 AM**

East Haven High School Campus

**Registration \$10, cash or check
All proceeds donated to the
Orthopedic Research and
Education Foundation (OREF)**

Make checks payable to OREF