

Advantage Physical Therapy's

"Spring into Summer" 5K Challenge/2mile walk/1 mile fun run To Benefit The Dream and Believe Foundation

Friday June 26th, 2009
Lockport, NY

Starting Time and Place

Registration and packet pick-up: 12-5:30pm

6:00 pm/1 mi fun run

6:15 pm/2 mi walk

6:30 pm/5K

Course

Start/Finish at Davison/Lincoln for each race

Post Race Party at Finnan's

Entry

\$20 per event postmarked by May 22, 2009

\$25 per event, thereafter and race day

Make checks payable to:

Dream and Believe Foundation

Mail entry and payment to:

Advantage Physical Therapy

5556 Davison Rd

Lockport, NY 14094

*Pre registration packet pick-up June 24th 7am-5pm/June 25th 7am-7pm

Awards

Men/Women: Trophies to top *three* overall finishers. Medals to top *two* in following age groups (0-10, 11-20, 21-30, 31-40, 41-50, 51-60, 61-70 and 70 and over)

Race Information

Lisa Blas/ Julie Finley
(716)433-3368

The first 100 registrants will receive a race shirt.

Register at:

www.score-this.com

No dogs, no rollerblades or skateboards on course.



ENTRY FORM

PLEASE CHECK ONE: 5K CHALLENGE 2 MILE WALK 1 MILE FUN RUN

FirstName_____MI____LastName_____

Street Address_____

City_____State_____ZipCode_____

Home Phone_____Work Phone_____e-mail_____

Age on race day_____DOB___/___/___ Gender: Female Male

Shirt Size: S M L XL

Runners Agreement Waiver, Release & Acknowledgement

I know that running a road race is a potentially hazardous activity. I should not enter a run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. 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 City and Townships of Lockport, Advantage Physical Therapy, The Dream and Believe Foundation, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photos, motion pictures, recordings, or any other record of this event for any purpose.

Signature of Runner_____Date_____

Signature of parent if under 18_____Date_____