



4TH ANNUAL
DAVENPORT & TAYLOR
WELLNESS WALK & 10K RUN

SATURDAY, SEPTEMBER 11, 2010

PROCEEDS WILL ASSIST IN THE PURCHASE OF A NEW STATE-OF-THE-ART ULTRASOUND MACHINE.

REGISTRATION & FEES:

Walkers - Packet pickup and Registration 7:45am – 8:15am • **Walk begins at 8:30**

Runners - Packet pickup and Registration 8:00 - 8:45 • **Run begins at 9:00**

10k Individual Registration Fee for runners and walkers

\$15 day of race

\$12 if pre-registered by August 27

A shorter route will be available for any walker who is interested.

CATEGORIES & AWARDS:

Medals awarded to the top three (3) male and female finishers in each of the following categories:

18 & under; 19—29; 30—39; 40—49; 50—59; and 60+

Trophies awarded to 1st place male and female finishers overall

Certificates awarded to all participating walkers.

PRE-REGISTER FOR \$25 EARLY BIRD DRAWING—1 hour massage certificate

Our course is approximately 6.2 miles, a challenging course with hills, paved and dirt surfaces that will start AND finish at Ira Davenport Memorial Hospital. Come experience the beauty of the Finger Lakes countryside.

DETACH THE FORM BELOW AND RETURN WITH ENTRY FEE TO:

DAVENPORT & TAYLOR 10K RACE • 7571 STATE ROUTE 54 • BATH, NY 14810
{MAKE CHECKS PAYABLE TO THE KEUKA HEALTH CARE FOUNDATION}

NAME: _____ **EMAIL:** _____

ADDRESS: _____

PHONE: _____ **AGE ON RACE DAY:** _____ **SEX:** _____

PLEASE CHECK ONE: _____ **T-SHIRT SIZE: XS . S . M . L . XL**

WELLNESS WALK : _____ **(T-SHIRTS TO THE FIRST 80 REGISTRANTS ONLY.)**

10K RUN: _____

RELEASE & INDEMNITY: I assume all risks associated with participating in the “Wellness Walk & 10K Run” including, but not limited to those arising from: falls, contact with other participants and weather conditions; 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 Ira Davenport Memorial Hospital Inc., all of its employees, volunteers and sponsors, as well as its representatives and successors, from any and 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 and/or organizations named in this waiver. The undersigned agrees to indemnify and hold harmless Ira Davenport Memorial Hospital Inc., its employees, agents, officers, directors, contractors and volunteers, from any and all injuries, losses and/or damages to the undersigned individual, participant or spectator, arising in connection with participating or attending this event. I also grant permission to all of the foregoing to use any photographs, motion pictures, recordings and and other record of this event for any purpose.

SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

VISA/MASTERCARD # _____ **EXP. DATE** _____

(pre-registration ONLY—Cash or check day of race)

SIGNATURE FOR CREDIT CARD: _____