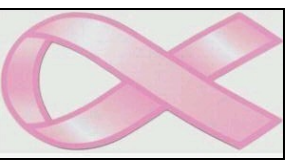




September 27th, 2008
Registration: 2:00-3:30 pm
Holiday Inn Express
400 North Street
Saco
5K Run at 4:00 pm
2 Mile Walk at 4:05 pm



SACO BAY ORTHOPAEDIC & SPORTS PHYSICAL THERAPY, P.A.
 WWW.SACO.BAYPT.COM


13 Park Street
 Saco, ME 04072

WALK REGISTRATION

Last Name _____ First Name _____ Sex (M) ___ (F) ___ DOB _____
 Mailing Address _____ City _____ State/Zip _____
 Phone _____ E-mail _____



Entry Fee: **Pre-registration by 9/22/08** Children (12 & Under) FREE
 \$15.00 (T-Shirt as supplies last) (Does not include T-shirt)

Pledges due at Walk/Run

I know that running/walking is a potentially hazardous activity. I should not participate unless I am medically fit and able. Having read this waiver and knowing these facts, and in consideration of being able to participate in this race, I, myself and/or my child/ward, waive and release Saco Bay Orthopaedic & Sports PT, PA and any individuals associated with this race, any and all liability and will hold them harmless for all claims and liabilities of any kind arising out of my participation.

Signature _____ Date: _____
 Parent or Guardian must sign if registrant is under 18 Pre-registration by mail until 9/22/2008



Return to: Matt Cook, Saco Bay PT, 13 Park Street, Saco, ME 04072
 All participants must register. Use one registration per person. Photocopy for additional entries

RUN REGISTRATION

Last Name _____ First Name _____ Sex (M) ___ (F) ___ DOB _____
 Mailing Address _____ City _____ State/Zip _____
 Phone _____ E-mail _____



Entry Fee: **Pre-registration by 9/22/08** Children (12 & Under) FREE
 \$15.00 (T-Shirt as supplies last) (Does not include T-shirt)

Pledges due at Walk/Run

I know that running/walking is a potentially hazardous activity. I should not participate unless I am medically fit and able. Having read this waiver and knowing these facts, and in consideration of being able to participate in this race, I, myself and/or my child/ward, waive and release Saco Bay Orthopaedic & Sports PT, PA and any individuals associated with this race, any and all liability and will hold them harmless for all claims and liabilities of any kind arising out of my participation.

For the safety of runners, no headphones, baby strollers/joggers, rollerblades, or animals are allowed. No refunds.

Signature _____ Date: _____
 Parent or Guardian must sign if registrant is under 18 Pre-registration by mail until 9/22/2008

Return to: Matt Cook, Saco Bay PT, 13 Park Street, Saco, ME 04072
 All participants must register. Use one registration per person. Photocopy for additional entries



