

PLEDGES FOR

Please sponsor me to support Strong Memorial Hospital patients who are awaiting or recovering from organ transplant surgery. With your donation, you're helping cover expenses associated with lifelong care, such as life-saving medications and travel expenses.

Name	Donation
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Donations are accepted via cash or check. Please make checks payable to Friends of Strong, or make a gift online at fos.urmc.edu. Please include the name of the runner/walker you're supporting in the notes or comments.

Join these generous donors who've previously pledged their support:

Action Telephone
Advantage Federal Credit Union
Finger Lakes Donor Recovery Network
Hannah Metzler Memorial Fund
ITNS
National Kidney Foundation
TAO
Wegmans

UR Medicine:
Department of Anesthesiology
Department of Medicine
Department of Surgery
Division of Cardiology
Division of Gastroenterology & Hepatology
Division of Nephrology
Division of Transplant Surgery

The River Run/Walk 5K is an annual event sponsored by the Friends of Strong Memorial Hospital and the hospital's transplant units. All proceeds directly benefit transplant patients.

Transplant recipients who come to Strong for heart, liver, pancreas, and kidney transplants often need financial assistance while they await surgery and afterwards. In addition to costly medical treatment, the need to travel – for some a great distance – adds financial strain on patients and their families.

Your support will help the hundreds of patients currently awaiting transplants, as well as those who continue to receive follow-up care from Strong.

Thank you!

Learn more about our transplantation services at www.urmc.rochester.edu/transplant



Pass Life On!
April is National Donate Life Month. Please consider joining the thousands of New Yorkers who have added their names to the organ donor registry. You have the power to give life. PassLifeOn.org

Friends of Strong Memorial Hospital is a dynamic volunteer organization that advances the mission of Strong Memorial Hospital. We invite everyone to become involved and help provide services to our patients, families, and visitors. You can also help promote the hospital in our community and assist in raising money to support patient care.

friendsofstrong.urmc.edu



Sunday **4-15-18**

17th Annual

Rochester River Run/Walk 5K

Presented by Strong Memorial Hospital's
Friends of Strong and Transplant Units
to benefit Organ Transplant Patients



Roundhouse Shelter
Genesee Valley Park
99 Elmwood Avenue
Rochester, NY 14620

17th Annual River Run/Walk 5K Sunday, April 15, 2018 Genesee Valley Park

Run or walk the scenic 5K route along the Genesee River—certified by USATF #NY15140KL—to support transplant patients at Strong Memorial Hospital.

Event Schedule

7:30 a.m. On-site registration through 9:00
9:00 a.m. Ceremony for donors and recipients
10:00 a.m. Start for Runners
10:05 a.m. Start for Walkers
11:00 a.m. Awards Ceremony
Basket Winners Announced

Refreshments included!

Awards

We'll proudly recognize:

- Top male and top female overall 5K run finishers
- Top male and female runners in each age group (18 and under, 19-29, 30-39, 40-49, 50-59, and 60+)
- Top two pledge collectors across individual and group/teams

Collect Pledges

In addition to your entry fee, we ask for your help to raise funds for Strong Memorial Hospital's transplant unit patients. A pledge form is included in this pamphlet—invite your friends, family, and co-workers to sponsor you with a donation of any amount. Prizes will be awarded to the two top pledge collectors.

Submit pledges online, at packet pick-up or on race day by 10 a.m. to Registration Tent.

Additional donations may be made when you register for the event online. You may also donate via credit card by visiting friendsofstrong.urmc.edu, following the "Make a Gift" button in the right-hand column, and selecting "Transplant Fund" when prompted to choose a designation for your gift.

Sign Up!

Register by March 26 for a free tech shirt

to wear on race day. Save on the entry fee by pre-registering by noon on April 13. Or sign up on race day to join in. Children are welcome—under 10 are free. See the registration form for deadlines and fees. Online registration ends midnight on April 10.

To pay by credit card, register online at
riverrun.urmc.edu.

To pay by check (payable to Friends of Strong), complete the registration form and mail to:
Friends of Strong—River Run/Walk
601 Elmwood Avenue, Box 660
Rochester, NY 14642

Race Packet Pickup

Friday, April 13 – 11 a.m. to 2 p.m.
Friends of Strong Office (1-1230)
601 Elmwood Avenue, Rochester NY 14642
(585) 275-2420

Saturday, April 14 – 10 a.m. to 12:30 p.m.
Medved Running and Walking Outfitters
3400 Monroe Avenue, Rochester, NY 14618
(585) 248-3420

Sunday, April 15 – 7:30 a.m. to 9:00 a.m.
Genesee Valley Park Roundhouse Shelter

Race Day

Registration, packet pickup, and events will be held at the Roundhouse Shelter in Genesee Valley Park.

Parking

Parking is available in the University of Rochester's Park Lot—attendants will be on hand to direct you to the parking area.

REGISTRATION

Please complete one form per participant.

Register online via credit card at

riverrun.urmc.edu

- ☐ \$30 Pre-registration – by March 26 to receive shirt
- ☐ \$30 Pre-registration – March 27 – noon on April 13 (no shirt)
- ☐ \$35 On-site – April 15 (no shirt)
- ☐ Free Kids 10 and under (no shirt)

Name ☐ Female ☐ Runner
☐ Male ☐ Walker

Age on race day _____

Address _____

City, State, and Zip Code _____

E-mail address _____

(_____) _____

Phone Number _____

Emergency Contact Name _____

(_____) _____

Phone Number _____

Shirt Size:

Unisex ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Women's ☐ S ☐ M ☐ L ☐ XL

Total Amount Enclosed: \$ _____

Please make checks payable to: Friends of Strong

Waiver: In consideration of being permitted to participate in the Rochester River Run/Walk 5K, I hereby for myself, my heirs, and personal representatives assume any and all risks that might be associated with the event. I further waive, release, discharge, and covenant not to sue Strong Memorial Hospital, Friends of Strong, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors, and assigns, for any and all injuries and damages of any kind whatsoever suffered as a result of taking part of the event and related activities. I also agree to the use of any photo, film, or videotape of the event for Friends of Strong business purpose. I understand that no refunds will be given.

Signature (Parent/Guardian if under 18) _____

Date _____