Wedgewood Primary Care's $5^{\text {th }}$ Annual Mind and Body 5k Run \& Walk
Race Contacts: Jenna Lapointe
Email: MindandBody5K@gmail.com
Race day: Saturday October $21^{\text {st }}, 2017$
Registration opens: 8 AM
5K walk \& Run: 9 AM
Race fee:
Preregistration: \$20.00
Race day: $\$ 25.00$
T-shirts are guaranteed for 5 K participants whose preregistration is RECEIVED by 10/4/17
Make Checks payable to Wedgewood Physicians Inc
Send payment to: Mind and Body 5 k run/walk
c/o Jenna Lapointe
613 Burroughs St.
Morgantown WV, 26505
Name:
Gender: male____female___

Age: $\qquad$
$\qquad$
E-mail:
$\qquad$

Adult T-Shirt Size (check one): XS $\qquad$
$\qquad$ / M $\qquad$ / L $\qquad$ / XL $\qquad$ /XXL $\qquad$
Address: $\qquad$ (check one) Runner: $\qquad$ Walker: $\qquad$ Kids (12 and under) fun run: $\qquad$
Amount Enclosed: \$ $\qquad$
In case of emergency, Please notify:
Name: $\qquad$
Relationship: $\qquad$
Phone: ( $\qquad$ )

WAIVER . . . In consideration of acceptance of this entry, I waive any and all claims for injuries or damages which may result from my participation, or from the participation of the minor that I am signing for in Wedgewood's Mind and Body 5k. Any and all claims are waived for myself, heirs and assigns. Wedgewood Family Practice, the sponsors and their agents or representatives will assume no obligation for injuries or damages that may be incurred.

## Signature of Participant:

Signature of Parent or Guardian:

