Nancy Prezioso Babich
"Run Against Amyloidosis" 5K Race
Saturday, May 15, 2010 at 9am
Mill Creek Park

The proceeds from this race will benefit the University of Tennessee Medical Center Study towards a cure for Amyloidosis.

Location: **Mill Creek Park Wick Recreation Area** (Near the Par 3 Golf Course)
(Course will follow the Mill Creek Classic 5K Route)
Time: **5K Race begins at 9am,** Registration begins at 8am

Awards: First 3 Male & Female Overall; Top 3 Male & Female Masters (age 40 & over)
First 3 Male & Female Age Group Finishers in the following age groups:
Under 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & older
Medals will be presented to award recipients. No Duplication of Awards

Early registration (by May 8th) $15
Race day registration $17
T-shirts guaranteed to the first 200 registered runners.

Chinese Auction with winners announced immediately following the race.

Please make checks payable to: UT Medical Center
Mail check & registration to: Jen Latell, 729 Orlo Lane, Boardman, OH 44512

Gender: **Male** **Female** **Age** _____ **Shirt Size:** **S** **M** **L** **XL**

First Name: _____ **Last Name:**_____

Address: _____

City:_____ **State:**_____ **Zip:**_____ **Phone:**_____

Email: _____

Participant Waiver: In consideration of being permitted to participate in the "Run Against Amyloidosis", I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the UT Medical Center, Mill Creek Metro Parks, its officers, members, sponsors, organizers, employees or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in this event and related activities. I also agree to the use of film, photo, audio and video of my participation in the event for any purpose. In the event that the participant is a minor, the person signing does hereby certify that he or she is the parent or legal custodian of said minor and signs this waiver on behalf of said minor.

Signature (parent if under 18) _____ **Date:** _____