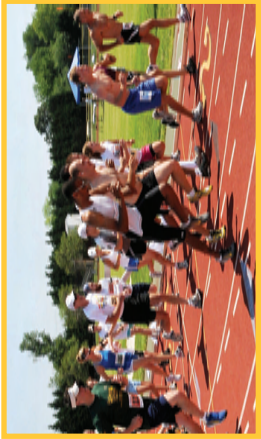




Healthy U of Delmarva  
1308 Camden Avenue  
Salisbury, MD 21801

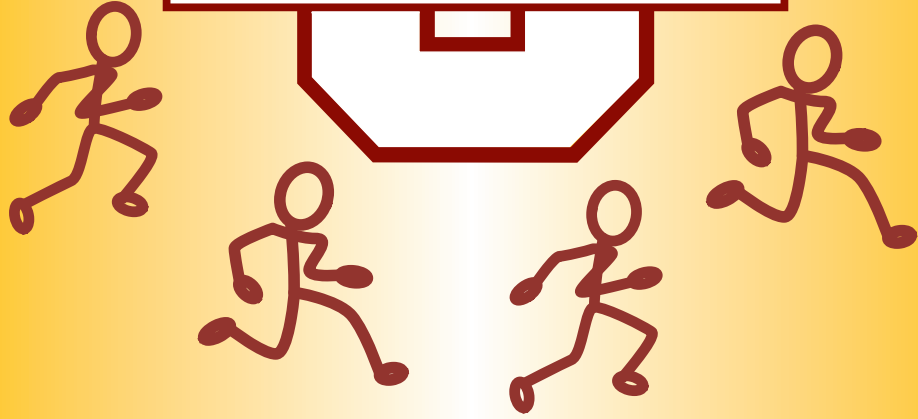


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RETURN SERVICE REQUESTED

5K Run  
1 Mile Walk

**HEALTHY**



Salisbury  
UNIVERSITY

# Please join us for the Healthy U 5K Run/Walk

## Saturday April 24, 2010

### Salisbury University's Track and Field Complex

Check-in and registration begin at 7:30 a.m.  
5K Run/1 Mile Walk begins at 8:30 a.m.

#### Registration Fees

\$10 for students with ID or under 18

\$20 for individuals registering in advance

\$30 for individuals day-of registration

Ages 12 and under: Free

1 Mile Walk: Free

Awards for top three placing male and female runners

All proceeds from the run/walk will be donated to Healthy U of Delmarva's summer camp program. Your efforts will support the operation of two summer camp sessions and provide registration fees for more than 40 campers. There is no better time to support local families on Delmarva. Camp scholarship applications will be available the day of the event and may be found on the Healthy U web site.



For more information, visit  
[www.healthyudelmarva.org](http://www.healthyudelmarva.org)  
or call 410-677-3270.

#### Registration Information

Each participant must fill out a form to register.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Choose one:  5K Run Participant  1 Mile Walk Participant

#### Please choose a payment method:

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**For advance registration, please complete this form and mail to:**

**Healthy U of Delmarva  
1308 Camden Avenue  
Salisbury, MD 21801**

#### Liability Waiver

I know that running/walking in a 5K is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a 5K official relative to my ability to safely complete the run/walk. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road and/or trail, 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 Salisbury University Foundation, Inc. and Healthy U of Delmarva from 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 named in this waiver. I have read the liability waiver and understand the inherent risks with this activity.

I grant permission to use/publish any record of this event for any legitimate purpose.

I certify that I am 18 years of age or older or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

\_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact

\_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian (If under age 18)