

Surgeon General's 5K Run/Walk

Tuesday, June 5, 2007

6:45 p.m.

Yeatman's Cove Riverfront Park, Cincinnati, OH

This event is held annually in different cities around the country in conjunction with the U.S. Public Health Service Scientific and Training Symposium. In addition to Symposium attendees the event is open to interested community members. Proceeds will benefit the PHS Commissioned Officers Foundation of the U.S. Public Health Service. Acting U.S. Surgeon General Kenneth Moritsugu is expected to take part.

Course: Course begins and ends at Yeatman's Cove along the Cincinnati Riverfront.

Chip Timing: This will be a chip-timed race. You will be provided 1.5 mile and finish times

Divisions: 19 and under, 20-29, 30-39, 40-49, 50-59, 60+

Awards: Top male and female runners. Age group awards to the top of each division.

Post-Race: Awards presented immediately following the race/walk.

Registration: \$15 includes t-shirt for the general public. Free for Symposium attendees. **Advance Registration Only.**

Mail-in registrations should be postmarked by 5/29/07. **FREE Online-registration is available at Active.com through 6/3/07.** In-person registration/number pickup will be at the Cincinnati Convention Center on 6/4 and 6/5. Check website for times.

Contact Greg McCormick (513) 652-6225

For complete information, course map, directions, on-line registration and results, visit:

www.RunningTime.net

SURGEON GENERAL'S 5K ENTRY FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____ @ _____

Age (as of 6/5/07): _____ Sex: _____ Race: _____ Run _____ Walk T-Shirt: S M L XL

Waiver: I know that running/walking in a road race is a potentially hazardous activity and that I should not enter any run/walk event unless I am medically able to do so and properly trained. I agree to abide by any decision of a race official regarding my ability to safely complete the run/walk. I assume all risks associated with the event, including but not limited to: falls, contact with other participants, the effects of the weather, and the conditions of the course. All such risks are known to 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, hereby waive and release the organizers of the 2006 Surgeon General's 5K Run/Walk, the Commissioned Officers Association and PHS Commissioned Officers Foundation, Leading Edge Marketing and Planning, Greg McCormick and all other sponsors and organizations affiliated with the event, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of persons named in this waiver. I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. I have noted any medical condition and/or emergency contact information with this registration. I permit the use of my name and picture participating in this event for publicity.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (____) _____ or put "at race"

Make Checks Payable To: Commissioned Officers Foundation

Mail to: c/o Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242