

**RUN FOR YOUR LIFE**  
**12<sup>th</sup> Annual 5K**

**University of Kentucky  
Student Physical Therapy  
Association  
Class of 2011  
"Run For Your Life"**



**September 25, 2010**

**3.1 miles: Run / Walk**

**WALKERS WELCOME!**

ATTN: Heidi Mella  
UK Student Physical Therapy Association  
900 South Limestone  
204 CTW Building  
Lexington, KY 40536-0003

Place  
Postage  
Here

**RUN FOR YOUR LIFE**  
**12<sup>th</sup> Annual 5K**



**UK**

UNIVERSITY OF KENTUCKY

**College of Health Sciences  
Division of Physical Therapy**

# **RUN FOR YOUR LIFE** **12<sup>th</sup> Annual 5K**

University of Kentucky  
Student Physical Therapy  
Association  
Class of 2011  
12<sup>th</sup> Annual  
RUN FOR YOUR LIFE

## **DATE:**

Saturday, September 25,  
2010

## **TIME:**

8:00 AM: Late Registration  
8:30 AM: Run / Walk Begins

## **PLACE:**

Commonwealth Stadium,  
Lexington, KY

## **DISTANCE:**

5K (3.1 miles) Run / Walk

## **RACE FEE:**

Before Friday, Sept. 17, 2010:  
\$12 for students  
\$15 for non-students

Late Registration:

\$20 per person

## **DIVISIONS:**

14 and under, 15-19, 20-24,  
25-29, 30-34, 35-39, 40-44,  
45-49, 50-59, 60-69, and 70+

## **PROCEEDS:**

Race proceeds will benefit the  
Salvation Army Clinic and the  
DPT Class of 2011.

## **PRIZES:**

Each participant will receive a  
2010 Run For Your Life T-shirt.  
Additional recognition will be  
given to the top male and female  
in each category, as well as the  
top three runners overall. Door  
prizes will also be awarded.

\*If not registered by Fri, Sept 17<sup>th</sup>,  
may not be guaranteed a shirt.

## **POST-RACE PARTY & HEALTH FAIR:**

Festivities will take place all  
morning, and will include free  
food, a stretching booth, and  
much more.

## **PARKING:**

Attendants will be available to  
help with parking. Please follow  
signs posted on race day.

For more information, contact  
Heidi Mella, [heidi.mella@uky.edu](mailto:heidi.mella@uky.edu),  
or 773-318-7841.



## **ENTRY FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age on day of race: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Check where appropriate:

\_\_\_ M \_\_\_ F

Shirt Size:

\_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

Entry Fee: \_\_\_ \$12 \_\_\_ \$15 \_\_\_ \$20

Checks Payable to DPT Class of 2011

## **WAVER**

In consideration of you accepting my  
entry, I, intending to be legally bound,  
do hereby for myself, my heirs,  
executors, assigns, and administrators  
do hereby waive and release the  
University of Kentucky and any others  
involved with this event from any and  
all claims for damages arising on  
Saturday, September 25, 2010, in  
Lexington, Kentucky. I hereby represent  
that I have full knowledge of the risks  
involved in participating in this event  
and that I am in proper physical  
condition to participate in this event.

Signature \_\_\_\_\_

Parent / Guardian (if under 18)

Mail to: Heidi Mella

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Association

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