



Join us as we run and walk to support parish nursing in South Minneapolis. This program provides seniors with access to one-on-one visits, health education, and flu shot clinics. Our 6th annual 10k and 5k race is on a certified course with chip timing! All abilities are welcome, so bring your family and friends to support a great cause!

**EVENT:**

Saturday, June 11, 2011  
Start at Lake Harriet Band Shell

**TIME:**

8:00am Registration  
9:00am 10K Starts  
9:05am 5k Starts  
10:30am Awards

**Registration Information:**

Entry Fee: **Pre-Registration (By June 4, 2011)**

5K \$25  
10K \$30  
Children \$10 (12 and Under)

**Race Day Registration (After June 4, 2011)**

5K \$30  
10K \$35  
Children \$15 (12 and Under)

All registrants will get a complimentary race t-shirt, chip timing on our certified course, and water and refreshments!

Questions? Please call Leah Rice at 612.827.8361 or e-mail at [Lrice@walkermethodist.org](mailto:Lrice@walkermethodist.org).

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Send completed registration with payment to: Walker Methodist Foundation (By June 4, 2011)  
3737 Bryant Ave South  
Minneapolis, MN 55409  
[www.walkermethodist.org](http://www.walkermethodist.org) or [www.trustinc.org](http://www.trustinc.org)

Online Registration is available at [www.active.com](http://www.active.com). Search "Walker Methodist."

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**REGISTRATION FORM – Walker Methodist 5K/10K Run & Walk to Support Seniors**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age on Race Day \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_ Gender  Male  Female  
5K \_\_\_\_\_ (\$25/\$30) 10K \_\_\_\_\_ (\$30/\$35) Child \_\_\_\_\_ (\$10/\$15)  
I am not able to attend. Please find a donation enclosed.

Team: \_\_\_\_\_ Parish: \_\_\_\_\_

**Waiver:** I understand that participating in this event is a potentially dangerous activity. I certify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate. I do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this event against the organizers, sponsors, promoters, municipalities, volunteers, and officials of these organizations. I grant full permission for the organizer to use photographs of me in legitimate accounts of the event.

Signature \_\_\_\_\_ Co-Signature \_\_\_\_\_  
Required By parent or guardian, required if applicant is under 18 years of age.

