

REHAB 5K RUN, WALK & ROLL

Friday, March 13, 2015, 6:30 AM

Grand Hyatt San Antonio, San Antonio, TX



We hope you will take part in and support the Foundation for Physical Medicine & Rehabilitation's 2015 Rehab 5K Run/Walk & Roll, taking place at 6:30 AM on Friday, March 13 (in conjunction with the AAP Annual Meeting). We will meet at the Grand Hyatt San Antonio. This is a fundraising event; all monies collected will be used for physiatric research with a special focus on outcomes.

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Telephone _____ Date of Birth _____ Sex M F

E-mail _____

Check one: Wheelchair racer Runner Walker Amputee (One registrant per form)

For the safety of our participants, no rollerblades, stroller or handcranks will be allowed. Please note that the race path is gravel.

Please enclose \$25 registration fee.* **Optional: I am also enclosing a donation to the Foundation for Physical Medicine and Rehabilitation in the amount of \$** _____

SPECIAL OFFER FOR RESIDENTS ONLY - \$15 registration fee Check here if you are a Resident

My check is enclosed Please charge my ___ Visa ___ MasterCard ___ AmEx

Card number _____ Exp. date _____

Security code _____

** This event is a fundraiser for the Foundation for Physical Medicine and Rehabilitation, a nonprofit organization supporting medical research. We encourage participants to seek additional support of their efforts from friends and family; a pledge sheet is attached. All contributions are tax deductible as charitable donations; you will receive an acknowledgment letter for tax purposes. If you are interested in corporate sponsorship opportunities, contact Phyllis Anderson at panderson@foundationforpmr.org. Thank you for your help!*

Waiver (must be signed):

I hereby release the Foundation for Physical Medicine and Rehabilitation, Purnell Race Management, the City of San Antonio and all government and municipal agencies whose property and/or personnel are involved, and other co-sponsoring company(ies) or individual(s) from responsibility from any injuries or damages I may suffer as a result of my participation in the Rehab Run/Walk & Roll. I hereby certify that I am in good condition and am able to safely compete in this event. As a participating athlete I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify my compliance by signature below.

Signature _____ Date _____

**Please return this form with payment to: Foundation for PM&R Rehab 5K Run/Walk & Roll,
9700 W. Bryn Mawr Ave., Suite 200, Rosemont, IL 60018.**