

21st Annual

Health Care Classic

April 18, 2009

A 5k run/walk organized by UofL medical students to benefit The Healing Place



WHAT IS THE HEALTH CARE CLASSIC?



The Health Care Classic run/walk, created in 1989 by University of Louisville medical students, is intended to promote physical fitness among fellow students, health care professionals, and members of the community. In addition, this event benefits The Healing Place, an outreach program of the Jefferson County Medical Society.

WHAT IS THE HEALING PLACE?



THE HEALING PLACE

Where hope is found.

The mission of The Healing Place is to provide shelter and a recovery program for the chemically dependent homeless people of the Louisville metro area. Its innovative program takes the homeless off the streets and helps them achieve productive, meaningful lives. All of their services are free of charge.

THE RACE

- Snacks, refreshments
- Door prizes
- T-shirts
- Music
- Time splits will be given at every mile and water at 1.5 miles.

- Awards and prizes will be presented to the overall female and male finishers and the top three finishers of each age group.

VISIT US AT WWW.HEALTHCARECLASSIC.COM

RACE DAY DETAILS

WHEN Saturday, April 18 (rain or shine)
Registration begins at 6:30 am
5K run/walk begins at 8:30 am

WHERE Cherokee Park Scenic Loop on Cherokee Park Road. Starting line at Hogan's Fountain. Finish line near rugby fields. Parking is available in lot next to Hogan's Fountain and gravel lots.

ENTRY FEES

Pre-registered individual \$15
Race day individual \$20
Each registered participant will receive a Health Care Classic t-shirt and a goody bag.

HOW TO PRE-REGISTER

Pre-register by mail. Send your registration form and a check to the address below by April 10. Registration forms can also be printed from the Health Care Classic website.

PROCEEDS

Proceeds will benefit The Healing Place

The Healing Place
Phone: 502.585.4848
Fax: 502.587.9565
Website: www.thehealingplace.org

Early Registration Fee:

\$15.00

Early Entry Deadline:

April 10, 2009

Send form and check to:

Health Care Classic 5K
ULMSSS Office
Health Sciences Center
B Building, Room 29
University of Louisville
Louisville, KY 40292

HEALTH CARE CLASSIC 5K RUN/WALK OFFICIAL ENTRY FORM (PLEASE PRINT)

NAME: _____ AGE: _____ SEX: _____ T-SHIRT: S ___ M ___ L ___ XL ___
ADDRESS _____ CITY, STATE, ZIP: _____
PHONE: (WORK) _____ (HOME) _____
E-MAIL: _____

WAIVER & THIS IS A LEGAL DOCUMENT; DO NOT SIGN IT UNLESS YOU UNDERSTAND IT

In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators, waive and release forever any and all rights and claims for damages I may accrue against all persons and agencies, namely, the University of Louisville Medical Student Association, and any others involved with promoting the race as listed by name, their successors, representatives, and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Health Care Classic 5K on Saturday, April 18, 2009, in Louisville, Kentucky. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. In the event the participant is a person under 18 years of age, the undersigned parent or legal guardian of the participant agrees to indemnify and hold harmless the entities named in the first paragraph above from and against all claims, liabilities, losses, damages, costs, expenses, and judgments.

Signature (parent or guardian if under 18)

Date