



Third Annual

Aurora BayCare 5K

Sunday, September 25, 2011 • 8 a.m.

Aurora BayCare Orthopedic & Sports Medicine Center

Aurora BayCare Medical Center



Aurora BayCare Medical Center's 10-year anniversary is on Sunday, September 25, 2011!

Help us celebrate with a morning of healthy fitness fun. The 3rd Annual Aurora BayCare 5K is a great way to show our LiveFit vision of "Helping people LiveFit!"

Registration Fee

before Sept. 2 after Sept. 2

Aurora & BayCare caregivers

\$10

\$15

Family & Friends

\$15

\$20

How to register

Each participant must fill out the registration form on the back of this flyer.

Drop your forms off at Aurora BayCare Orthopedic & Sports Medicine or either of the first floor reception desks at Aurora BayCare Medical Center.

Registration Packet Pick-up

Participants can pick up their registration packets at Aurora BayCare Orthopedic & Sports Medicine Center on:

Thursday, September 22

4 p.m. - 7 p.m.

Friday, September 23

11 a.m. - 6 p.m.

Questions? Please contact Lindsay Vander Heiden at 920-288-5483 or lindsay.vander.heid@aurora.org

Couch to 5K Training Program

Who: Runners & walkers

Dates: Mondays & Wednesdays
Now - September 21st

Time: 5:30 p.m.

Location: Aurora BayCare Sports Medicine Center

Cost: Free to ABMC, AMG & BayCare caregivers or \$10 for family & friends





3rd Annual Aurora BayCare 5K

Sunday September 25, 2011 8:00am

Registration fees	before Sept. 2nd	after Sept. 2nd
ABMC/AMG/BayCare Caregivers	\$10	\$15
Family and Friends (Family Max \$45)	\$15	\$20

**All registered will receive a T-shirt and goodie bag*

Packet Pick-up

Thursday, September 22	Sports Medicine Center	4pm-7pm
Friday, September 23	Sports Medicine Center	11am-6pm

Awards

Medals for 1st, 2nd, 3rd places in each age group
(14 & younger) (15-19); (20-29); (30-39); (40-49); (50-59); (60+)

Conveniences

Water stations, rest room facilities, first aid staff

Please make checks payable to Aurora BayCare

Return this portion to Aurora BayCare Sports Medicine

Aurora BayCare 5K 2011 Official Registration Form

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Male Female Date of Birth ____/____/____ Age: ____
Fitness Champion _____
T-shirt: ___ Youth ___ Adult Size: ___ Small ___ Medium ___ Large ___ XL ___ 2XL
Payment: Cash Check # _____ Credit Card: Visa MC Discover
Name on Card: _____ Card Number: _____
Card Expiration Date: _____ Signature: _____

This Release must be signed to participate in the Aurora BayCare 5K Run/Walk.

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns waive and release any and all rights, claims, and causes of action I have or may have against Aurora BayCare and its affiliates, their agents, employees, officers, directors, volunteer medical support, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as result of my participation in The Aurora BayCare 5K and any pre and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and at the finish line. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____