



**Progressive
Physical Therapy &
Sports Medicine Clinic**



presents the 4th annual
Strides for Health and Fitness
5K Run/ 2-mile Walk/ Kid's Run
Saturday, August 14, 2010
8:30 a.m.



Events: A 5K run, 2 mile walk, and 1/4 mile Kid's Run will take place simultaneously.

Place: Progressive Physical Therapy and Sports Medicine Clinic located in the Potomac Industrial Park. 11801 Industrial Park Street, Cumberland, MD 21502.

Course: Race begins at Progressive Physical Therapy, runs across the tracks, out Bowling Street, and ends back at Progressive's parking lot. There is a slight grade up Bowling Street, but no steep hills.

Registration: If postmarked by August 2, \$15 for adults and \$10 for High School runners. If postmarked after ~~Aug. 2~~ and on race day, \$20 for adults, and \$15 for High School runners. Walkers \$10.00. Kids Run Free. Checks payable to Progressive Physical Therapy Registrations can be mailed to:

Crystal Yoder
1964 Fosters Inn Rd.
Grantsville, MD 21536
301-268-2797

Packet pickup and race day registration will take place at Progressive from 7:00-8:15. T-shirts to all pre-registered runners and walkers, and while supplies last on race day.

Race Benefits: \$1,000 scholarship to a PTA and COTA student at Allegany College of Maryland

Awards: \$100 cash to male and female overall winners, and \$50 to male and female masters. Awards also given to top three running finishers in each age category: 10 & under, 15-19, 20-29, 30-39, 40-49, 50-59, & 60 and over. Runners and walkers eligible for great door prizes drawn after awards presentation!

After the race: Stay for food, fun, and awards! Awards ceremony will take place as soon as totals are tallied. Refreshments will be provided after the race as well as an open house to see the facilities and meet our staff. Students interested in Physical and Occupational Therapy especially encouraged to attend.

NAME: _____ Age on 8/14/10: ___ Sex: Male/Female
ADDRESS: _____
Phone _____ T-Shirt Size: S M L XL (circle one)
5K Run _____ 2-Mile Fun Walk _____ Kid's Run _____

Waiver of Liability

I hereby release from liability Progressive Physical Therapy and Sports Medicine, Queen City Striders, RRCA, sponsors, race officials, and anyone connected in anyway with the Progressive Physical Therapy Strides for Health and Fitness for any injury or ailment resulting from my participation in the above stated race. I further state that I am aware that this race is a strenuous activity, and I have prepared properly for my participation in it.

Signature of runner or parents if runner is under 18 years of age.