Nurses Living Fit[™] Second Annual 1 Mile or 5k Walk/Run Event

Sunday, May 23, 2010

Open to the community — nurses, employees, families and friends!



Registration: 7 a.m. - 7:45 a.m. or May 21*

Start Times: Run - 8 a.m.

Walk - 8:15 a.m.

Location: National Conference Center

18980 Upper Belmont Place

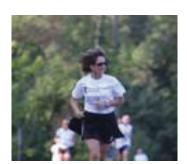
Leesburg, VA 20176

Fee: \$20.00 by May 6

\$25.00 after May 6

\$5.00 Children 5 - 12 years (under 5 free)

Walk/Run Event sponsored by the Inova Loudoun Hospital Research Council to support nursing research, including obesity research.



FREE Screenings: 7 a.m - 10 a.m.

Blood pressure, body mass index and glucose offered by Inova Loudoun Hospital Mobile

Health Services

*Preregistration Friday, May 21, packet pickup: 3 p.m. - 6 p.m.

Inova Loudoun Hospital Conference Room A

(packets include pedometer, YogaFit $^{\! \circ}$ on the Road CD

and water bottle)



Registration Information: inova.org/nurseslivingfit Questions: cynthia.earley@inova.org

Nurses Leading the Way for Women's Health

Nurses Living Fit[™] Second Annual 1 Mile or 5k Walk/Run Event Sunday, May 23, 2010

Registration information: inova.org/nurseslivingfit

Registration Form

Complete and sign form below, and return with check made payable to Inova Loudoun Hospital: Attention Andrea Rose, Inova Loudoun Hospital, 44045 Riverside Parkway, Leesburg, VA 20176.

Name:						
Address:						
Phone:						
Email:						
Inova Health System employees or	nly specify:					
Facility:	Dept:					
Nurse Type (check one): RN, P	· _		ter RN, BN nical NurseTech		RN, AD Not applicable	
Funding for this activity was made possib and by speakers and moderators at HHS- Human Services; nor does the mention of	-sponsored conferences, c	lo not necessarily re	flect the official policie	s of the Depart	ment of Health and	
Event distance planned (check on	e): 🔲 1 mile	☐ 5k	☐ Not sure			
Event type planned (check one):	☐ Walk	Run	☐ Walk/Run	☐ Not s	ure	
Gender:	☐ Male	Age:_				
Race: African-American	American I	ndian 🔲	Asian	[☐ Caucasian/White	
☐ Hispanic/Latin America	an 🗖 Native		Hawaiian/Pacific I	slander	☐ Other	
Signature:						
Date:						

By entering this event, I agree, warrant and covenant as follows: I know that walking/running is a potentially hazardous activity. I should not participate in the event unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Inova Loudoun Hospital, and all contributors, or sponsors, their directors, officers, employees, agents; representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that the application fee shall be non-refundable. I agree that the sponsors of this event may use my name and likeness for publicity purposes.