

# Heart & Sole



**10K, 5K and 2 Mile Fun Run • 5K and 2 Mile Walk**

**Saturday, May 16, 2009**



Event sponsored by: Chelsea Area Chamber of Commerce,  
Chelsea Orthopedic Specialists, NuStep,  
Whole Foods Market, and Tortoise and Hare Running Center.



Chelsea  
Community  
Hospital

**See our web site: [www.cch.org/heartandsole](http://www.cch.org/heartandsole)**

for more information and to register (family rates not available on-line)

**Other Ways to REGISTER:**

- Mail completed form and payment to address below
- In Person: at CCH Health & Wellness Center  
Drop off completed registration form with payment anytime  
OR attend Friday night Packet Pickup

**Packet Pickup is Friday, May 15th 4-7 p.m. at  
CCH Health & Wellness Center OR Day of Race (7-8 a.m.)**

**Registration Fees:** Through 7 p.m. Friday, May 15th  
\$12 12 and under • \$20 13 and up • \$45 Family Rate *(parents and their children)*

**Late Registration Fees:** Day of race 7-8 a.m.  
\$15 12 and under • \$25 Per person • \$50 Per family *(Non-refundable)*

**Starting Times:** 8:30 a.m. 2 Mile, 5K, 10K runs  
2 Mile/5K Walk immediately following - Rain or Shine  
\* No bicycles are allowed on course.

**Race Location:**

Chelsea Community Hospital is located 15 miles west of Ann Arbor,  
one mile north of I-94 Exit 159.

**Contact Info:** Call (734) 475-4157 or email  
Dawn Lyons - [dlyons@cch.org](mailto:dlyons@cch.org)

*Net proceeds from this event will benefit the  
Healthy Communities Walking Program.*

**T-Shirts • Post-Race Refreshments • Awards • Computer Chip Timing • Split Times/Aid Stations  
Certified Course • Free Massages & Giveaways!**

**Mail to: Heart & Sole, Chelsea Community Hospital Health & Wellness Center  
14800 East Old US-12, Chelsea, MI 48118**

**Make checks payable to: Chelsea Community Hospital**

*Please Print. If registering as a family use a separate entry for each individual. This form may be photocopied.*

**I will enter the Run:** *(select one)*  10K  5K  2 Mile **or Walk:**  5K  2 Mile

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

*We may contact you about future events.*

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Please accept my entry in the Heart & Sole Run/Walk. I hereby state that I am in good physical condition and able to safely participate in this event. I am aware of the inherent risks in participating in an athletic event of this type and for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Chelsea Community Hospital or sponsors arising as a result of my participation in the Heart & Sole Run/Walk. I also authorize permission to all the foregoing to use any photographs and videotapes of my participation in the event for any legitimate purpose. If signing on behalf of a participant under age 18, I additionally give authorization for emergency treatment if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant or parent/guardian if participant is under 18.*