



Sponsored by  **PARKVIEW**  
**HUNTINGTON HOSPITAL**

## One Mile Fun Walk

Sunday, Oct. 4, 2009

Parkview Huntington Hospital Campus, 2001 Stults Road, Huntington, IN

Registration starts at noon, with opening ceremonies at 1 p.m.

Fun walk begins at 1:30 p.m.

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Long-sleeve t-shirt size (adult only) \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

Fee: Pre-registration by Sept. 21, 2009 — \$15. After Sept. 21, 2009 — \$20

**NOTE: PLEASE PRE-REGISTER by SEPT. 21, 2009 to guarantee your t-shirt.**

Mail completed entry form and fee to (make checks payable to **United Way**):

United Way of Huntington County

LIVE UNITED Triathlon

356 West Park Drive

P.O. Box 347

Huntington, IN 46750

**Waiver and Release from Liability:** In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs and assignees, waive any/all claims for any damages, which I have against United Way of Huntington County, and/or its employees, its affiliates, race sponsors, race participants, race officials, workers, volunteers and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing for any injuries and illnesses suffered by me in this event, including those which may attribute to weather conditions. I attest and verify that I am physically fit and have sufficiently trained for the event. I have read the entry information provided and certify my compliance by my signature below.

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