

MUSC Wellness 2 Mile Run & Walk

The MUSC 2-MILE WELLNESS RUN will celebrate the 21st anniversary of the MUSC Wellness Center located on the MUSC campus next to the new MUSC Ashley River Tower on Courtenay Drive.

LOCATION: USATF certified event starts and finishes near the new Ashley River Tower on Courtenay Drive.

DATE: Saturday **Sept. 19, 2009** at 8:00 am.

REGISTER: www.musc.edu/hsc, by mail or at event

FEES: Early (before Sept. 10) : \$20
Late (after Sept. 10) : \$25
----MUSC Students and Staff may deduct \$5 from above prices- bring your MUSC ID to event!
Register by Sept. 15 to guarantee a shirt!

Early PACKET PICK-UP at Wellness Center:
Friday Sept. 18: 11 am - 7 pm

SCHEDULE (RACE DAY):
Reg./Packet Pick-Up: 6:30 am -7:30 am
Start time (both events): 8:00 am

AWARDS: Top 3 (M/F) Overall, top 3 age groups.
Top Master (M/F), Top MUSC Student (M/F)
Age Groups: under 9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70+.



**MEDICAL UNIVERSITY
of SOUTH CAROLINA**

MUSC Wellness 2 Mile Run & Walk

Saturday, September 19

presented by

Southern Kitchen

JIM 'N NICK'S BAR-B-Q

www.jimnicks.com



----- pay to "MUSC" and send to Harper Student Center PO Box 250976, Charleston SC 29425 -----

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(____) _____

SEX:(circle one) M F **Circle one:** child S child M adult sizes: S M L XL

AGE on 09/19/09: _____ **DATE** of Birth: ____/____/____

Liability Waiver: Upon Acceptance of my entry, I, for myself, my heirs & assigns, hereby release the Medical University of South Carolina, the Harper Student Wellness Center, the City of Charleston, ActionCarolina, and any and all sponsors & officials of the MUSC Wellness Run from any & all liability arising from illness, injury, or death I may suffer as a result of participation in these events. I attest that I am physically fit & have sufficiently trained for these events & I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of these events would be injurious to my health, I consent to be removed and treated by the physician in attendance of their direction. I give permission for free use of my name and picture in any broadcast, telecast, or written account of these events. I also understand that the entry fee is **NONREFUNDABLE FOR ANY REASON**. Please note that pets, cycles, baby strollers, and headphones are not allowed on the course for insurance reasons.

Signature _____ Date _____ Guardian (if under 18) _____