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Sue's Finishing Touch



Sponsorship Opportunities Still Available



*Cancer Wellness Spa
of Greater Rochester*

The Third Annual Ovarian Cancer 5K Race

and 1 Mile Fun Run/Walk



Sunday, September 26, 2010

*Lake Riley Lodge at
Cobbs Hill Park,
Rochester, New York*

Registration: 7:15 am

Race: 8:15 am

www.cancerwellnessspa.com



*Cancer Wellness Spa
of Greater Rochester*

240 Kilbourn Road
Rochester, NY 14618

www.CancerWellnessSpa.com

Cancer Wellness Spa provides diversionary activities, free of charge, to patients while they receive outpatient medical treatments, currently at the Golisano Children's Hospital and at Highland Hospital's Infusion Center. Your support makes a difference in the lives of patients in our community.

Course Description: USATF Certified 5K loop from Culver Rd., Norris, Hillside, Winton Road So., Highland and Monroe Avenues back to Lake Riley. Fun Run to be held on the Norris Drive side of the park, near the Lodge and ball fields.

Race Amenities: Official timing by PCR Timing. Water station on course. 1 Mile Fun Run/Walk is child and walker friendly. Post-race awards. Refreshments and fun for all!



www.cancerwellnessspa.com

OFFICIAL RACE ENTRY FORM

Please enter ALL contact information and race information below.

Please sign waiver and return completed form with registration fee and/or donations to:

Medved Running and Walking Outfitters
3400 Monroe Avenue, Rochester NY 14618
Attention: Ovarian Cancer Event

Register on-line at: www.cancerwellnessspa.com

Packet pick up at Medved Running and Walking, 3400 Monroe Avenue, Rochester, 14618 on Saturday, September 25, 2010 from 10 am to 5 pm.

Name: _____

Age: _____ Male ☐ Female ☐

Address: _____

City, State, ZIP: _____

Email: _____ Phone number: _____

I am registering for 5K race ☐

1 Mile Fun Run/Walk ☐

Pre-registration: \$20.00

Registration day of race: \$25.00

Entry fee is waived with \$50.00 donation. Donation or proof thereof to be submitted at time of registration.

Registration for 1 Mile Fun Run/Walk: \$5.00

5K Race Participants circle adult shirt size: **S M L XL XXL**

I would like to make an additional tax deductible donation of \$ _____

to Cancer Wellness Spa of Greater Rochester

☐ I am running with a team of at least 10 members

My team name is: _____

Please note that all team members must be registered by September 10

RACE WAIVER: NO HEADSETS, BABY STROLLERS OR DOGS ALLOWED IN RACE

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the decision of the race officials relative to my ability to safely complete the event. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other runners, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. I grant permission to the organizing groups to use any photograph, motion pictures, or recordings of my taking part in this event for any legitimate purpose. Having read this waiver acknowledging these facts and in consideration of you accepting my entry, I for myself, and everyone entitled to act on my behalf, waive and release Cancer Wellness Spa of Greater Rochester, volunteers, Town of Brighton/City of Rochester, and any and all race sponsors from any claims or liabilities of any kind arising out of my participation in this event. I understand that all entry fees are nonrefundable. I have read this waiver and certify my compliance and agreement with its content with my signature.

Participant's signature if 18 or over: _____

Parent/guardian's signature if participant is under 18: _____

Schedule of Events

7:15 Race registration
8:15 Race
8:30 Fun Run/Walk registration
9:00 Fun Run/Walk
9:30 Awards

