



GENESYS HOME & HOSPICE CARE

9TH ANNUAL 5K RUN/WALK

The Genesys Home & Hospice Care 5K Run/Walk and Kids Fitness Run will benefit Genesys Hospice, a division of Genesys Home & Hospice Care. Genesys Hospice provides quality, comprehensive care and support to those in our community living with a terminal illness. Proceeds from this event will benefit Genesys Hospice Camp Brave Hearts Grief Recovery Camp, a family-focused weekend camp for children and teens in the community who have suffered the loss of a loved one.

COURSE DESCRIPTION

The course for the Genesys Home & Hospice Care 5K Run/Walk is on the grounds of Genesys Health Park, with a chip-timed start and finish. The course winds through Health Park's 478 acres with much of the course on the paved Mayapple and Heron nature trails, where natural wetlands abound with nature's wild flora.

RACE DAY SATURDAY, SEPT. 26

- 8:30 a.m. Registration
- 10:00 a.m. 5K Run start
- 10:05 a.m. 5K Walk start
- 10:45 a.m. Kids One Mile Fitness Run
- 11:10 a.m. Kids Indoor Fitness Fun Run (1/4 mile)

LATE REGISTRATION & PACKET PICK-UP

on Friday, Sept. 25, at the Genesys Athletic Club 12 noon - 6 p.m.

INFORMATION

Bauman's Running & Walking Shop, (810) 238-5981 or Genesys Health Foundation, (810) 606-7909.

Child Care is available for ages 2-10. Call for reservations / fee information at (810) 606-7534.

FEES

- \$18 early registration (by 9/18/09) with long-sleeved T-shirt
- \$13 early registration (by 9/18/09) without long-sleeved T-shirt
- \$22 late registration (after 9/18/09) with long-sleeved T-shirt
- \$17 late registration (after 9/18/09) without long-sleeved T-shirt
- \$5 Kids Races (early or late) with short-sleeve T-shirt

SEND ENTRIES TO

Genesys Health Foundation c/o 5K Run/Walk One Genesys Parkway Grand Blanc, MI 48439 MAKE CHECKS PAYABLE TO: Genesys Home & Hospice Care Or register online at www.genesys.org, www.gaultracemanagement.com or www.active.com

RESULTS

Race will be scored with the ChampionChip and posted race day. Results will also be posted on www.runmichigan.com and www.genesys.org

AWARDS

5K RUN: Awards to overall and first Masters Male and Female finishers, top three finishers in each division. Awards following Kids races.

RUN AGE GROUPS: MALE & FEMALE: 12 & under, 13-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & over.

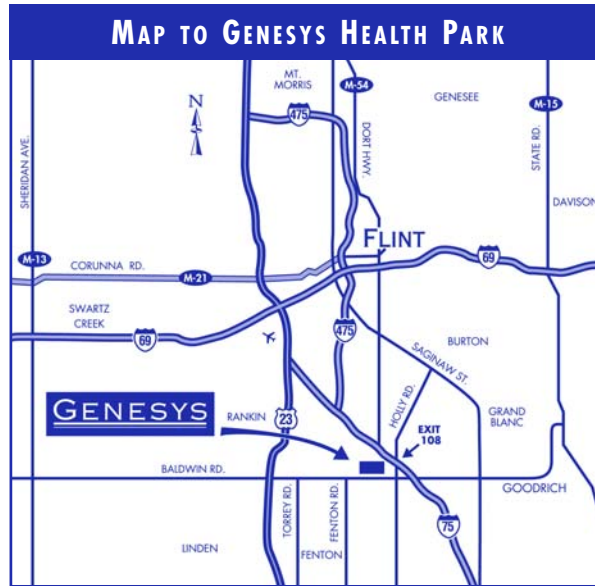
5K COMPETITIVE WALK: Overall and Masters Male and Female finishers, and awards to top three finishers in each group.

WALK AGE GROUPS MALE & FEMALE: 19 & under, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 & over.

KIDS RACES: All participants receive a finishers award. Not timed. Parents may accompany kids.

TAX DEDUCTION

Genesys Home & Hospice Care is a private non-profit 501C.3 organization. Any personal contribution valued above any goods you receive may be tax deductible.



CUT ALONG THIS LINE

2009 REGISTRATION FORM

PLEASE PRINT

LAST NAME [Grid]

STREET ADDRESS [Grid]

STATE ZIP CODE PHONE NUMBER [Grid]

ADULT SHIRT SIZE: S M L XL XXL KIDS SHIRT SIZE: S M L SEX: M F EVENT: 5K RUN 5K WALK KIDS RACES

MAKE CHECKS PAYABLE TO: Genesys Home & Hospice Care MAIL TO: Genesys Health Foundation c/o 5K Run/Walk One Genesys Parkway • Grand Blanc, MI 48439

PLEASE COPY IF NEEDED

FIRST NAME M.I. [Grid]

CITY/TOWN [Grid]

DATE OF BIRTH AGE ON RACE DAY [Grid]

CHIP INFORMATION (Check one of the following) NOTE: ALL PARTICIPANTS MUST WEAR A CHIP TO BE SCORED

- I will be using a chip provided by the race and understand that I will be assessed a \$32 fee if I do not turn in my chip at the finish.
- I own my ChampionChip, my chip number is: _____
- I would like to purchase my own ChampionChip. (Check One)
 - I have enclosed a check payable to Gault Race Management for \$35 (\$32 plus tax and shipping), OR
 - Please charge my credit card. My card number is: _____ / _____ / _____ Exp Date: _____ / _____ / _____



Total Entry Fee \$ _____

Hospice Donation \$ _____ (May be Tax Deductible)

Total Enclosed \$ _____

In consideration of my participation in this event, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Genesys Health System, the sponsors of this event, their agents, representatives, successors, and assignees for any and all injuries suffered by me at said event, or which arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event.

ATHLETE (OR PARENT, IF UNDER 18) MUST SIGN: _____ DATE: _____