

Women's Heart Foundation 5th Annual



Run For Mom

Formerly called "Run for Your Heart"

Commemorating National Women's Health Week May 11-17

5k Run/Walk, 1-mi Health Walk
Mercer County Park—Marina, West Windsor Twp, NJ

Sunday, May 11

Mother's Day

9:00 - 11:30 AM

Registration 8:00 AM; Health Walk 9:00; Run 10:00 AM
We Walk Rain or Shine

plus, Refurbished Jewelry Sales

100% of proceeds from the Jewelry Project
to benefit Women's Heart Foundation

Registration Fee: \$22. Fee waived if contributing \$125 or more in donations, but you must bring the Donations Form and checks with you to the Race in order to qualify. Detach form below and mail to WHF. Donations Forms, Registration and Team Rosters at www.RUNFORMOM.org. The course is UASTF certified - Course #NJ91013DB(renewed 2/23/2003). Professional scoring and race management.

2008 Run For Mom — Official Entry Form

Name: _____ Sex: M F Age on race day: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone: _____ T-shirt: S M L XL

Check here if WHF may e-mail you a brief post-event satisfaction & heart disease awareness survey (necessary to send to funders—no personal information will be shared)

I am a woman heart disease survivor. I will be happy to be available race day to be interviewed about my experience in coping with this disease.

I am running in memory of: _____

Yes, I am running with a Corporate Team. Company name: _____ Captain: _____
(Must bring completed Team Roster Form to receive credit toward winning an engraved plaque for top corporate participant).

Waive my registration fee. I have raised over \$125 in donations (Note: you must bring your Donations form and contributions with you on race day)

Fees: \$22 pre registration \$27 Race Day Health Walk (\$25 per family/\$10 individual; free if registered for 5k) Volunteer (free)

Mail to: WHF, PO Box 7827, Trenton, NJ 08628. Please postmark by May 2. Do not register by mail race week. You can register at the Race or online: www.ACTIVE.com

Waiver/Release: I hereby for myself, my heirs, executors, administrators of legal representatives and successors, release and forever discharge the run/walk officials, Women's Heart Foundation, County of Mercer, Mercer County Parks, volunteers, and all participating sponsors from any claims, demands, suits or actions for any injuries or damages I may sustain as a result of my participation in this event. I certify that I am in good physical condition for this event.

Signed _____ (Parent/Guardian Signature if participant is under 18 years of age.)

Date _____



**DHHS Region II
Office on
Women's
Health**



www.WomensHeart.org