




12th Annual Equal Access Clinic 5K Run

Saturday, April 4, 2009 8:00 AM
Behind North Florida Regional Medical Center

<p>Start and Finish will be behind the North Florida Regional Medical Center on NW 9th Blvd Directions: From downtown Gainesville, head West on University Ave./Newberry Rd., turn right at the duck pond in front of NFRMC. Follow the signs. Plenty of parking.</p> <p>Times for events: 8:00am Start 9:00am Silent Auction ends 9:15am Awards Ceremony</p>	 <p>Contact: Sara Rodriguez Email: equalaccess@ufpremed.org Phone: (305) 304-1656</p>	<p>Entry Fees Before March 25, 2009 FTC Members \$17.00 Students \$17.00 All Others \$20.00 No T-Shirt \$15.00</p> <p>Day of Race Registration \$25.00</p> <p>Kids 12 and Under run free *Only first 150 registered runners guaranteed a t-shirt.</p> <p>To Register Online: Visit www.floridatrackclub.org to register at Active.com</p>
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*** Hosted by the Florida Track Club as part of their Grand Prix ***
The Equal Access Clinic provides free medical care to Gainesville's homeless and indigent population. "Because healthcare is a right, not a privilege..."

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Last Name	First Name	
-----	-----	Yes/No (please circle one) Florida Track Club member
Age	Sex S M L XL OR No Shirt Sizes (please circle) *Shirts guaranteed to first 150 runners	
-----		Not going to run, but please accept my entry fee as a charitable donation
Street Address (include apartment number)		
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City	State	Zip
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Telephone Number	Email address	Student ID number

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 any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and understanding these facts, I, for myself and anyone acting on my behalf, waive, and release, the members of Pre-Med AMSA, Equal Access Clinic, The Florida Track Club, North Florida Regional Medical Center and all other sponsors and their representatives from all claims and liabilities of any kind arising out of my participation of this event even though that liability might arise out of negligence or carelessness on the part of persons named in this waiver. I understand and agree to abide by the insurance restrictions, which prohibit the use of portable sound systems, wheel conveyances (excluding racing wheelchairs) but including skateboards, roller skates or blades, bicycles, etc. Illegible applications may result in disqualification. My entry in this race authorizes the Florida Track Club, organizations conducting races, or sponsors to record the race and its results in any medium and use those recordings in its discretion for any purpose. The Florida Track Club, organizers, or sponsors in no manner guarantee the accuracy of recording or reporting of results of any race.

Signature _____ **Signature by Parent/Guardian (under 18)** _____