



Physical Therapy & Sports Medicine Institute Roosevelt Run 5K

Thursday, September 1, 2016, 7:00 PM



Safety And Health Foundation

Trailhead of GW Parkway Trail at Key Bridge
Across from Gateway Park in Rosslyn
Run along the Potomac River



☎ 703-927-4833 📄 On-line at www.safetyandhealthfoundation.org/roosevelt

- Awards to top 3 overall and age group winners (M/F)
- Downhill, then flat and scenic
- One water/aid station – You pass it twice
- Showcases Potomac River
- Follows Mount Vernon Trail from Rosslyn to Memorial Bridge and back
- Includes post-race refreshments and awards
- Benefits Safety And Health Foundation's educational programs
- Low-key event
- Park in Rosslyn or Georgetown; course is a short walk from the Rosslyn Metro station on the Blue/Orange Line
- Run past Theodore Roosevelt Island and Franklin Roosevelt Memorial in West Potomac Park on other side of the river
- Limited to the first 100 entrants
- 6:00 – 6:45 PM – Packet pickup
- 7:00 PM – Roosevelt Run 5K
- 8:00 PM – Results and awards
- We use bib numbers and tear-off tags (the old-fashioned method) so please wear your bib number visibly on the front of your shirt and don't remove the tag
- Note: On Mount Vernon Trail, always stay to the right for safety. The trail is open to other users, including bicycles. Be courteous to other trail users.
- Including refreshments



Physical Therapy & Sports Medicine Institute - Roosevelt Run 5K • REGISTRATION FORM

Make checks payable to SHF, 611 South Ivy Street, Arlington VA 22204

Name _____ Gender (M F) [] Age as of 09/01/2016 [] _____
 Address _____ Birthdate ____ - ____ - _____ (mm-dd-yyyy)
 City ST ZIP _____ Phone _____ - _____ - _____
 E-mail _____ T-shirt size (S M L XL) []

Enclosed is my entry fee:

\$20 by July 31 \$26 by August 20 \$32 by August 31 \$40 on September 1

Enclosed is an additional tax-deductible donation of \$_____ to [] SHF

By entering this event, I agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run in club activities 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 race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application I, for myself and anyone entitled to act on my behalf, waive and release Safety and Health Foundation, ACE Physical Therapy & Sports Medicine Institute, LLC, Arlington County Virginia, National Park Service, Road Runners Club of America, USATF, and all sponsors, their directors, officers, employees, agents, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I acknowledge that the application fee shall be non-refundable. I agree that the sponsors of this event may use my name and likeness for publicity purposes.

Signature _____ (parent or guardian, if under 18) Date _____