



7th Annual

# Orthopedic Associates of Port Huron

5k, 10k and a 1-mile Fun Run



- 2013 Tech shirt design

**Where:** Run/Walk starts at Orthopedic Associates of Port Huron  
940 River Centre Drive, Port Huron  
Questions: please call (810)985-4900 x 143

**When:** **Saturday, August 16, 2014**  
6:00 a.m. Race day registration - ends at 7:15 a.m.  
7:30 a.m. 1 mile fun run starts  
8:00 a.m. 5k and 10k races start

**Features:** Pre-registered participants will receive a Tech shirt, refreshments, bib timing and will be entered into an **iPad Mini** gift raffle. Pre & post-race massage & stretching will be available

**Awards:** Overall male/female winners. Top 3 male and female finishers in each age category.

**Entry fees:** \$10.00 pre-registration received by July 25th  
\$20.00 after July 25th

**About:** Orthopedic Associates invites runners of all levels - from marathoners to casual runners - to participate in this year's run. Participants are welcome to walk the course, as well.

**Early Packet Pickup:** You may pick up your race packet, 6pm - 8pm at Orthopedic Associates (940 River Centre Drive) on Friday, August 15th. **OA will also be providing free biomechanical foot assessments and shoe wear recommendations from 6pm -8pm on Friday, August 15th.**

## Orthopedic Associates of Port Huron

Early registration: \$10.00 payable to Orthopedic Associates, guarantee a race shirt if received by July 25th. After July 25th \$20.00

Today's Date  Date of Birth  Age on Race Day

First Name  Last Name

Street Address

Zip Code  Email Address

T-shirt Size:  
 Child - XS  
 Child - Small  
 Child - Medium  
 Child - Large  
 Child - XL  
 Ladies - XS  
 Ladies - Small  
 Ladies - Medium  
 Ladies - Large  
 Ladies - XL  
 Ladies - 2XL  
 Mens - Small  
 Mens - Medium  
 Mens - Large  
 Mens - XL  
 Mens - 2XL  
 Mens - 3XL

Please indicate race:  
 1 Mile Fun Run/Walk  
 5k **Walk**  
 5k **Run**  
 10k Run

Phone Number

**Male**  
 **Female**

Running Club Name:

In consideration of my participating in this event, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against the sponsors of this event, their agents, representatives, successors, and assignees for any and all injuries suffered by me at said event, or which may 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. I release the rights to any and all photographic materials and computer information the race committee may release from this event without obligation to me.

Athlete Signature (or parent, if under 18):

Please enter your signature:

Questions:  
Please call (810)985-4900 x143

**You can mail your registration form with payment or use our online bill pay feature at [www.oaph.com](http://www.oaph.com). If using the online method, please use "fun run" as your account number.**

Mail completed registration to:  
Orthopedic Associates  
PO Box 5031, Port Huron, MI 48060  
or email to [info@oaph.com](mailto:info@oaph.com)