



10th Annual
Orthopedic Associates of Port Huron
 5k, 10k and a 1-mile Fun Run/Walk



- 2016 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

When: **Saturday, August 12, 2017**
 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 a **fitness band** 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 21st
 \$20.00 after July 21st

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 11th. **OA will also be providing free biomechanical foot assessments, shoe wear recommendations and computerized running analysis from 6pm-8pm on Friday, August 11th.**

Orthopedic Associates of Port Huron

Early registration: \$10.00 payable to Orthopedic Associates, guarantee a race shirt if received by July 21st. After July 21st \$20.00

Today's Date 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 (Absoutely NO Running)**
 5k **Run**
 10k Run

Phone Number

Running Club Name:

Male
 Female

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

You can mail your registration form with payment or use our online bill pay feature at 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