

# Nurses Living Fit™ Second Annual 1 Mile or 5k Walk/Run Event

**Sunday, May 23, 2010**

*Open to the community — nurses, employees, families and friends!*



<b>Registration:</b>	7 a.m. - 7:45 a.m. or May 21*
<b>Start Times:</b>	Run - 8 a.m. Walk - 8:15 a.m.
<b>Location:</b>	National Conference Center 18980 Upper Belmont Place Leesburg, VA 20176
<b>Fee:</b>	\$20.00 by May 6 \$25.00 after May 6 \$5.00 Children 5 - 12 years (under 5 free)

Walk/Run Event sponsored by the Inova Loudoun Hospital Research Council to support nursing research, including obesity research.



***FREE Screenings:*** 7 a.m - 10 a.m.

Blood pressure, body mass index and glucose offered by Inova Loudoun Hospital Mobile Health Services

***\*Preregistration packet pickup:***

**Friday, May 21,  
3 p.m. - 6 p.m.**

**Inova Loudoun Hospital  
Conference Room A**

(packets include pedometer, YogaFit® on the Road CD and water bottle)

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## Sunday, May 23, 2010

Registration information: [inova.org/nurseslivingfit](http://inova.org/nurseslivingfit)

### Registration Form

Complete and sign form below, and return with check made payable to Inova Loudoun Hospital: Attention Andrea Rose, Inova Loudoun Hospital, 44045 Riverside Parkway, Leesburg, VA 20176.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Inova Health System employees only specify:

Facility: \_\_\_\_\_ Dept: \_\_\_\_\_

Nurse Type (check one):  RN, PhD/DNP, DNSc  RN, MSN, Master  RN, BNS/Bachelor  RN, AD  
 RN, Diploma  LVN/LPN  CNA/Clinical NurseTech  Other  Not applicable

Funding for this activity was made possible in part by the HHS, Office on Women's Health. The views expressed in written materials or publications and by speakers and moderators at HHS-sponsored conferences, do not necessarily reflect the official policies of the Department of Health and Human Services; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Event distance planned (check one):  1 mile  5k  Not sure

Event type planned (check one):  Walk  Run  Walk/Run  Not sure

Gender:  Female  Male Age: \_\_\_\_\_

Race:  African-American  American Indian  Asian  Caucasian/White  
 Hispanic/Latin American  Native  Hawaiian/Pacific Islander  Other

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By entering this event, I agree, warrant and covenant as follows: I know that walking/running is a potentially hazardous activity. I should not participate in the event unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event, 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 Inova Loudoun Hospital, and all contributors, or 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 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.