

Recognizing National Infertility Awareness Week starting April 24th

5K for Fertility

Proceeds will benefit 2BFertile
Can't make it? You can still make a contribution!

Date: Saturday April 24, 2010

Time: Registration to begin at 9:00 AM Start time will be at 9:30

No pre-registration necessary

There are 38,000 people struggling with infertility in Nebraska.

Join us to **Run** or **Walk** to raise awareness about Infertility in our community

Entry fees:

- \$10.00 for pre-registered runners
- \$15.00 for day of registration
- Children and seniors FREE

Meet at Lake Zorinsky
156th Street Entrance
Shelter #5

For more information or to register email Julie at juliealuz@midtownmind.com or visit www.midtownmind.com

Julie: 402-502-1024, ext. 290



Sponsored By:



EVERY PARTICIPANT WILL BE ENTERED IN A RAFFLE TO WIN PRIZES INCLUDING MESSAGES, YOGA AND OTHER SUPPORTIVE SERVICES!

Send form and entry fee and/or contributions to: Julie Luzarraga/2BFertile
8021 Chicago Street Omaha, NE 68114

Entry and waiver MUST be signed by 5K for Fertility participant (parent or guardian if participant is under 18). I know that running is a potentially hazardous activity and that I should not enter and run in this race unless I am medically able and properly trained. I assume all risks associated with running including, but not limited to falls, contact with other participants, effects of the weather, and condition of the path, all such risks being known by me. I, for myself and anyone

Name _____ Age _____

Address _____

Phone _____

Email _____

entitled to act on my behalf, waive and release 2BFertile, plus all event partners, sponsors, volunteers, and their representatives from all claims or liabilities of any kind arising out of my participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver or the service providers at the event site. If I am signing this waiver as parent or legal guardian on behalf of the minor named in this waiver, I agree to be responsible for the conduct and safety of the minor, and I recognize and assume the risks described above on behalf of this minor. I give my full permission to this event to use any photographs of me that are made during the event. No refunds. Event occurs rain or shine, no make up date. I have read, understood, and accept the agreement above.

Signature _____ Date _____

This is a benefit event. No times will be kept.

Signature of parent or guardian if under 18 _____ Date _____
years of age.

Center for Counseling & Psychotherapy

8021 Chicago Street Omaha, NE 68114

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automatically address this
publication to multiple
recipients.