A RUN TO REMEMBER

BENEFITTING THE WOUNDED WARRIORS PROJECT

presented by: DYNAMIC PHYSICAL THERAPY

JUNE 14TH, 2014 – TERRABELLA VILLAGE, COVINGTON, LA

DATE: Flag Day, Saturday, June 14, 2014

TIME: 7:30am – Start of 1 mile fun run
8:00am – Start of 5K
1 minute start delay for racewalkers
Race day registration & number pick-up begins at 7:00am

PLACE: Terra Bella Village – 100 Terra Bella Blvd, Covington, LA. Subdivision off of Hwy 1085 – 1 mile west of Hwy 21

COURSE: Hybrid course – on road and off road

ENTRY FEES:
$25 Pre-Registration through May 23rd
$30 Late registration through June 12th
$60 Families of 3 or more through June 12th
$35 Race Day Registration
$20 Veteran & Current military Registration
Entry fees are non-refundable.

PRE-REGISTRATION: (checks payable to: Dynamic Physical Therapy, note in memo: WWP Race Registration)
BY MAIL & IN PERSON: "A Run to Remember" C/O Dynamic Physical Therapy,1550 Ochsner Blvd, Covington, LA 70433
ONLINE: http://getwellatdynamic.com/a-run-to-remember/

FOR RACE INFORMATION CONTACT:
Sarah Cooper Smith: 985-893-4700 or sarahsmith@getwellatdynamic.com

T-SHIRTS & WWP MEMORABILIA: Pre-registered entrants are encouraged to visit Dynamic Physical Therapy the week before the race June 9th-13th to pick up his/her t-shirt & WWP memorabilia. Late registration and Race Day entrants are not guaranteed sizes or availability.

AWARDS CEREMONY BEGINS AT 10:00AM:
1 Mile: Overall Male and Female; 1st and 2nd place in age groups, 20 & under through 60 and over (male and female)
5K: Overall Male & Female receives massage giftcard; 1st and 2nd place in age groups, 20 & under through 60 and over (male and female)

REFRESHMENTS:
Post race refreshments, including local food and beverages will be available to all registered participants.

***RAFFLE:**
Automatic entries for runners. $5 donation for each additional entry.

*Visit facebook.com/getwellatdynamic to join the event online! Submit a photo of why/who you are running for to be a part of the WWP movement. Submit photos of a beloved military member to have photo featured on the "Wall of Warriors" at the event.

*All are encouraged to write thank you letters provided at the 5k to our military members provided by: **The Jefferson House Gift Shop**

Food & beverages provided by: Tony BOSCO'S at TerraBella; COVINGTON BREWHOUSE

Tshirts provided by: LETSDEVELOP.TV Tell Your Story.

NATIONAL GUARD

Detach bottom portion and return with payment (One form per person)

Race #

PRE-REGISTRATION
__ $25 by May 23rd

LATE REGISTRATION
__ $30 by June 12th

RACE DAY REGISTRATION
__ $35

VETERAN & CURRENT MILITARY w/ ID
__ $20

FAMILY OF 3 OR MORE
__ $60

Checks/Cash payable to: **Dynamic Physical Therapy,** 1550 Ochsner Blvd. Covington, LA 70433 **Entry fees are non-refundable for event cancellations!**

PLEASE PRINT CLEARLY:

_____ Last Name
_____ First Name
____ MI

_____ Street Address/Apartment Number
_____ City, State, Zip Code

__ Sex M __ Sex F _____ Telephone Number
___/___/___ Date of Birth
____ Age
Walker: ___ ___

Shirt ___ ___ ___ ___ ___ ___ ___ ___
Size YS YM YL AS AM AL AXL AXXL

_____ Email Address

I know that running a race is a potentially hazardous activity. I should not enter and run 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 the risks associated with running in this event including but not limited to fall, contact with other participants, effects of weather, including high heat and/or humidity, traffic and other conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in considerations of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Parish of St. Tammany, the City of Covington, TerraBella Group, LLC, TerraBella Residential Owners Association, TerraBella Commercial Owners Association, Dynamic Physical Therapy, and any all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the forgoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

_____ **Signature: By participant or Parent or Guardian if under 18**

_____ **DATE**