

Friends of Ripple, Inc.

# 5K Run/Walk for Fun

**Race Begins at:  
Harry Lundeberg School of Seamanship  
45353 Saint George's Avenue  
Piney Point, MD 20674**

## AWARDS

Awards given per age category to Overall, First, Second and Third place winners. T-shirts guaranteed for all participants pre-registered by October 1, 2010.

**Date: Saturday, October 16, 2010**

**Registration: 7:00 AM**

**Start Time: 8:00 AM**

**Pre-register by: October 1, 2010**

**Entry fees:**

- \$20 for pre-registered 5K
- \$25 for race-day registration 5K
- \$35 for family of 3 or more
- All ages and abilities welcome

**Course: Race starts at the inside back gate of the Harry Lundeberg School. Turn right out of gate, cross over Rt. 249 to Lighthouse Rd., go to turnaround area and water stop. Follow same course in reverse to original start line which will be the finish line.**

**For more information or to register call:  
Rebecca Kessler at 301-475-4200 x 1061**



**Sponsored by:  
Friends of Ripple**  
Proceeds will benefit the St. Mary's Adult Medical Day Care, Inc., a program designed to meet the health care and social needs of adults with physical or cognitive challenges.

**In Coordination with:** St. Mary's Adult Medical Day Care, Inc., El Shaddai Health Care, Inc. and St. Mary's County Department of Aging.

**Mail form and entry fee to:**

Friends of Ripple, Inc.  
c/o St. Mary's Adult Medical Day Care, Inc.  
24400 Mervell Dean Rd.  
P.O. Box 222  
Hollywood, MD 20636

Phone: 301-475-4200 x 1061

or  
Email:

Rebecca.kessler@stmarysmd.com

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

T-shirt Size: S M L XL

Sex \_\_\_\_\_ Age on race day \_\_\_\_\_

Are you participating with a disability?

\*\*I understand that participating in a road race or fun walk is a potentially hazardous activity. I assume all risk with participating in this event. I, for myself and anyone entitled to act on my behalf, waive and release St. Mary's Adult Medical Day Care Inc., El Shaddai Health Care Inc., St. Mary's County Department of Aging, Friends of Ripple Inc., all event organizers and sponsors, and all other organizations or agencies involved, their representatives and successors from each and all claims or liabilities of any kind arising out of my participation in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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