

Louisiana Physical Therapy Association & Sportspectrum



Present

October 8, 2009

6:30 pm

Online Registration—

www.sportspectrumusa.com



Entry Fee: Pre-registration is \$12.00. After Oct 1st, 2009 registration is \$15.00. Raceday registration is \$20.00. You may register by mail or by dropping off your entry at Sportspectrum w/ **CASH or CHECK ONLY**, 6970 Fern Ave, Shreveport, LA 71105. **ALL CREDIT CARD** registration must be online @ www.sportspectrumusa.com.

Participants Receive: All pre-registered participants will receive a 100% cotton event T-shirt. Prizes will be awarded to race winners and age group winners. Age groups will be 19 and under, 20-29, 30-39, 40-49, 50+ for both male and female plus top 3 overall female and male winners.

Race Day Registration & Check-In: Race day registration is from 5:30pm-6:25pm. You may also pick up your packet early at Sportspectrum starting Tuesday, Oct. 6th from 12:00pm—4:30pm and Wednesday, Oct 7th from 10am—6pm or at Race site Saturday from 5:30pm-6:15pm. Race site pick-up is at Bickham Dickson Park. Race start will be at 6:30pm.

Race Course: This year's course will consist of a scenic Fall setting running through Bickham Dickson Park.

Post-Party: Stick around for some refreshments and music by a DJ, and you can't leave before the awards!!

Proceeds: All proceeds will go toward Shreveport Bossier Rescue Mission. The purpose of the mission is to help people in need, especially the homeless and disadvantage. Feel free to visit their website at

www.sbrescuemission.com

Waiver & Release

In consideration of my being admitted to the Hustle for your Health Run, I, for myself, my heirs and assigns, executors and administrators, do hereby forever release and discharge Sportspectrum, Louisiana Physical Therapy Association, Sportspectrum Race Management, & all other sponsors their employees and agents, of and from any and all claims of demands for damages of liability in any manner arising out of participation in such event. I certify that I have prepared myself for this event and that I am in adequate physical condition to compete in this event. I agree to follow all rules of this race, and I permit myself to be removed from the competition if in the opinion of the Race Administrators my continuing would endanger my health.

For further information call Sportspectrum at (318) 798-1241 or Anna Means, PT at (318) 841.0696

Official Hustle for your Health Entry Form

October 8, 2009

Pd \$ _____

Pd w/ _____

Last Name _____ First Name _____

Address _____ City _____ State _____ ZIP _____

Date of Birth ____/____/____ T-shirt Size: S M L XL XXL (add \$2.00)

Sex: Male or Female Business: _____

E-mail Address _____

I understand and agree to all conditions of waiver. Signature _____

Parent/Guardian Signature if under 18 years old _____